Indiana

Opioid Treatment Program Report

2004

Indiana Family & Social Services Administration

Division of Mental Health and Addiction

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Overview of Indiana Opioid Treatment Programs

The 1998-2004 Indiana Opioid Treatment Program Reports are organized to comply with the provision of P.L. 28-2004, Section 191, as amended by HEA 1141 (2003), which requires that the Indiana Family and Social Services Administration Division of Mental Health and Addiction (DMHA) annually is to prepare a report providing information on treatment offered by Indiana opioid treatment providers[1] covering nine areas:

I. The number of methadone providers in the State[2];
II. The number of patients on methadone during the previous year;
III. The length of time each patient received methadone and the average length of time all patients received methadone;
IV. The cost of each patient's methadone treatment and the average cost of methadone treatment;
V. The rehabilitation rate of patients who have undergone methadone treatment;
VI. The number of patients who have become addicted to methadone;
VII. The number of patients who have been rehabilitated and are no longer on methadone;
VIII. The number of individuals, by geographic area, who are on a waiting list to receive methadone; and
IX. Patient information as reported to a central registry created by the division.

As reflected in the Table of Contents, the nine headings have been modified to reflect that the programs provide opioid addiction treatment utilizing opiate agonist medications including but not limited to methadone. Following is a brief description of information contained in the nine sections of this report and highlights of findings.

I - Number of Indiana Opioid Treatment Programs as of December 31, 2004

In calendar year 2004, there were 12 Opioid Treatment Programs (methadone providers), certified by the Division of Mental Health and Addiction (DMHA) and by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), providing services in Indiana. Of these 12 providers, 2 were not-for-profit programs associated with community mental health centers, and the other 10 providers were private, for-profit, programs. Because addiction services programs operated by the federal government are exempt from state certification requirements, the Veterans Administration program, located in Indianapolis, is not under DMHA jurisdiction and no data from this program was included in this report.

II - Number of Patients on Opiate Agonist Medication (Methadone)

In 2004 each patient in Indiana was treated with methadone or buprenorphine. This was the first year of our reports that no patient was treated with levo-alpha-acetylmethadol hydrochloride (LAAM). The FDA warning in the fall of 2001 as to a possible potential for cardiac electrical conduction disturbances being caused by LAAM eventually led to a recommendation being issued that a twelve-lead ECG be performed prior to a patient receiving LAAM, with follow–up ECGs every 12-18 months. This plus the monitoring of additional concomitant pharmacological agents and the increased costs associated with all of these activities, resulted in all, except one, treatment program to no longer offer LAAM to their patients in 2003. Finally, because production of LAAM ceased during the summer of 2003, patients in 2004 no longer had access to this medication. On May 22, 2003, buprenorphine, another opoid agonist medication, was approved by SAMHSA to treat opiate addiction, and it was being utilized by one Indiana OTP. In this report, there is no distinction made in the data between patients treated with methadone and those treated with buprenorphine. Thus, in 2004 there were two FDA approved opiate agonist medications, methadone and Buprenorphine. However, during 2004 only one clinic treated one patient with buprenorphine.

During calendar year 2004 a *total of 9,303 patients* were enrolled in the 12 opioid treatment programs. This was an increase of only 611 patients (7.03%) in 2004 over the level of 2003. This was a slight increase over last year's 548 patients or 6.72% rate of increase .It is notable that 2003 was the first year that Indiana experienced a dramatic downturn in the increase of the total number of patients treated. Still, from 1998 through 2004 the total number of patients treated per year has increased by 5,599 (151.16%).

[1] For this report, the term Opioid Addiction Treatment Program, or OTP, is used since the programs are qualified to utilize not only methadone, but the opiate agonist buprenorphine, in their treatment of opiate addiction.
[2] Since the law uses the term "methadone" provider, this report is utilizing this term in certain contexts. Since May 22, 2003, all certified opioid addiction treatment programs who became qualified to use buprenorphine could use both methadone and buprenorphine in the treatment of opiate addiction.

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Overview of Indiana Opioid Treatment Programs Cont.

III - Length of Time Patients Received Opiate Agonist Medication (Methadone)

During calendar year 2004, as in previous years, patients were sorted into seven categories. As most patients have initial problems with commitment to and attendance at treatment programs, more categories were established for the first three years. The following length-of-time categories were created: less than 90 days (<90); 90 days to 1 year (90-1y); over 1 year to 2 years (1-2y); over 2 years to 3 years (2-3y); over 3 years to 6 years (3-6y); over six years to 10 years (6-10y); and over 10 years (>10y).

Table 1 below provides a short comparison between the 1998 through the 2004 Reports in regards to growth of patient numbers as well as four additional areas of patients' status in treatment: number of patients continuously in treatment, number of patients transferring between clinics, number of patients in treatment less than 90 days and those in treatment between 90 days and one year.

Table 1 – Five trends in number of patients treated

Calendar Year	Total # patients	Increase of patients compared to previous year		Patients continuously in treatment		Patients who transferred between treatment centers		Patients in treatment 90 days or less		Patients in treatment between 90 days and 1 year	
		#	%	#	%	#	%	#	%	#	%
1998	**3,704**	Baseline	Baseline	**2,427**	65.52	**185**	4.95	**904**	24.4	**1,196**	32.3
1999	**4,529**	**825**	22.3	**3,000**	66.24	**187**	4.13	**1,007**	22.2	**1,495**	33.0
2000	**5,482**	**953**	21.0	**3,710**	67.68	**260**	4.74	**1,147**	20.9	**1,698**	31.0
2001	**6,809**	**1,327**	24.2	**4,694**	68.94	**217**	3.19	**1,415**	20.8	**2,021**	29.7
2002	**8,144**	**1,335**	19.6	**5,351**	65.70	**292**	3.59	**1,568**	19.3	**2,426**	29.8
2003	**8,692**	**548**	6.73	**5,876**	67.60	**278**	3.20	**1,530**	17.6	**2,337**	26.9
2004	**9,303**	**611**	7.03	**6,668**	71.68	**257**	2.76	**1,450**	15.6	**2,327**	25.0

Based on the table above some trends were noted:

6,659 (71.6%) were in treatment continuously from their initial date of admission through December 31, 2004. This was the biggest one year percentage total ever since the inception of this annual report.

An additional 257 patients statewide (2.76%) transferred from one treatment program to another and thus also appear to have continued their treatment. Furthermore, from 2003 to 2004, the percentage of patients transferring decreased from 3.20% to 2.76%, a decrease of 13.75%, and was the lowest transfer rate to date.

The median for length of time in treatment continues to be over 1 year. This is an increase in length of time in treatment from the initial levels of 1998 where almost one quarter (24.41%) of patients were in treatment 90 days or less and almost one-third (32.29%) were in treatment between 90 days and one year. This meant that in 1998, 56.7% of all patients were in treatment less than one year and 72.25% less than two years. 2004 continued to see a decrease numbers of patients in the shortest periods of time. The percentages have dropped again from 44.5% in 2003 to 40.5% in 2004 for those patients being in treatment less than one year and from 65.3% in 2003 to 62.3% in 2004 being in treatment less than two years.

However, the length of time spent in treatment must be considered along with the following additional three factors in mind: (1) the drop-out rate and retention rate of patients; (2) the levels of rehabilitation; and (3) the patients who were no longer on methadone, which are discussed in other sections of this report.

IV - Costs to Patients on Opiate Agonist Medication (Methadone)

The standing fees have remained at approximately $35.00 and $45.00 per week at the two public, not-for-profit, programs and ranged from $70.00 – $85.00 per week at the private, for-profit, programs. For the purpose of this report it was decided to use the direct costs of treatment to the patients, i.e. the amounts that patients paid out-of-pocket. Based strictly on the total number of patients and the gross revenue of all the clinics, the actual annual average statewide of out-of-pocket expenses per patient was an average of **2,796.99/ program** per year during 2004.

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Overview of Indiana Opioid Treatment Programs Cont.

V - Rehabilitation Rate of Patients Receiving Opiate Agonist Medication (Methadone) Treatment

Nine Rehabilitation Indicators for a patient undergoing opioid treatment were established for the 1998 report. They were retained for this and the six previous years' reports. The purpose was to maintain the consistency of reported information from one year to the next. These indicators were formulated from those areas for which assessments are done at intake, compounds that are tested for during urine drug screens, and indicators reviewed to evaluate a patient's readiness for unsupervised "take-home" medication. In addition, four levels of rehabilitation were assigned to each indicator. Since rehabilitation is an on-going process, the levels were designed to form a spectrum for each indicator, ranging from no reduction or improvement to significant reduction or improvement The indicators are as follows:

1. Reduction in use of prescription opiates.
2. Reduction in illegal use of non-prescription opiates.
3. Reduction in illegal use of drugs other than opiates.
4. Reduction of criminal behavior.
5. Reduction of risky behavior related to spread of infectious disease.
6. Reduction in abuse of alcohol.
7. Improvement in schooling or training.
8. Improvement in employment.
9. Improvement in family relationships.

Of the 2004 patients identified as needing to reduce some behavior in a particular area (Indicators 1 – 6), the greatest percentages of significant improvement were seen in Indicator # 2, reduced illegal use of non-prescription drugs (48.4%) and Indicator #1, reduced use of prescription opiates (47.6%). Furthermore, all six indicators showed that there was a significant reduction for no less than 30.4% of the patients, that being Indicator 6, reduced abuse of alcohol.

The last three indicators (#7 – 9) are long-term areas of rehabilitation. As such, the rates of improvement may be lower. Nevertheless, the "improved family relationships" indicator (#9) has the highest percentage for significant improvement 21.2% and moderate improvement (31.2%) of the last three indicators. When combined, these two levels of improvement showed 52.5% patients with meaningful improvements as regards their family relationships. There are only two public clinics that receive public funds to support this type of treatment and which are able to offer services on a sliding fee scale. This then allows patients with limited means to access this type of treatment. However, they only served 744 patients in 2004 (7.98%) of all enrolled patients which means that the private clinics served 92.02% of the patients who had to pay the entire cost of their treatment. They were able to do so because they were either employed or had other steady sources of income to allow them to afford treatment. And having sources of income to start with, means that it takes longer to achieve the higher levels of improvement in Indicator #8, "improved employment". This is shown by the percentage for no improvement (38.7%) and little improvement (20.7%) for a total of 59.4%. Because of the long term commitment and length of time to achieve, indicator #7, "improved schooling or training", has always been the indicator with the lowest percentage of improvement of these three.

VI - Number of Patients Addicted to Methadone

Methadone is a prescribed medication that is used in the **treatment** of heroin addiction. To answer the question of how many patients are addicted to methadone at the beginning of treatment, it requires programs to look at all the patients' initial drug screens to see if they tested positive for methadone and were not already in treatment somewhere. The enrollment by a patient in two clinics at the same time would constitute an illegal use of methadone. Based on information supplied by the treatment programs no patient has tested positive for this type of illegal use of methadone. Therefore, the answer would be zero percent of 9,303 patients in 2004.

VII - Number of Rehabilitated Patients No Longer on Opiate Agonist Medication (Methadone)

Six reasons for a patient to discontinue treatment, to no longer be on methadone, at a treatment program were established. These were defined as follows:

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1. **Successfully** completed treatment and **voluntarily** detoxed.
2. **Did not** complete treatment and **involuntarily** detoxed (administrative detox).
3. **Did not** complete treatment and **voluntarily** detoxed.
4. **Did not** complete treatment and **was not** detoxed (dropped out).
5. **Transferred** to another treatment program.
6. **Death**, not methadone related.

To identify patients who "have been rehabilitated and are no longer on opiate agonist medication," two aggregated categories were identified, one combining Categories 1 and 3 which can be called "Patients Who Are Rehabilitated and No Longer on Methadone (or Buprenorphine)," and the second one combining Categories 1-3, which can be called "Patients No Longer on Methadone (or Buprenorphine)". Data on all patients who discontinued use of methadone or buprenorphine by medically supervised dosage reductions (detox) was gathered for each of our reports and Table 2 below shows that in 2004, a statewide total of 404 patients (43.4%) fell into this category.

Thus, "Patients Who Are Rehabilitated and No Longer on Methadone (or Buprenorphine) were the following: **a. 123 patients (1.32%)** successfully completed treatment, voluntarily withdrew and were no longer on methadone (or buprenorphine); and **b. 101 patients (1.09%)** did not complete treatment but voluntarily withdrew and were no longer on methadone (or buprenorphine). This means a total 224 patient, or 2.7% of the patients met this definition.

Additionally the were , **180 patients (1.93%)** were involuntarily detoxed and were also "Patients No Longer on Methadone (or Buprenorphine)". So in **total, 404 patients (4.43%) of those who were treated in 2004 with methadone** (or buprenorphine) were no longer on these medications at the end of 2004. .

Table 2 – Patients who discontinued use of medication via a medically supervised dosage reduction (detox) procedure

Patients who came off of methadone during calendar years 1998 - 2004									
Year	**Total number of patients**	**Completed treatment and voluntarily withdrew**		**Involuntarily detoxed**		**Treatment not completed but voluntarily withdrew**		**Totals**	
		Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
1998	**3,704**	**58**	1.57	**97**	2.62	**48**	1.30	**203**	5.49
1999	**4,529**	**81**	1.79	**119**	2.63	**78**	1.72	**278**	6.14
2000	**5,482**	**66**	1.20	**87**	1.59	**73**	1.33	**226**	4.12
2001	**6,809**	**100**	1.47	**144**	2.11	**94**	1.38	**338**	4.96
2202	**8,144**	**118**	1.45	**153**	1.88	**64**	0.79	**335**	4.11
2003	**8,692**	**140**	1.61	**148**	1.70	**73**	0.84	**360**	4.15
2004	**9,303**	**123**	1.32	**180**	1.93	**101**	1.09	**404**	4.34
Avg.			1.49%		2.07%		1.21%		4.76%

Over the last seven years the total number of patients coming off medication has increased from 203 (1998) to 404 in 2004 and the percentage has fluctuated between 4.1% (2000) and 6.14% (1999), an average of 4.76% per year. Compared to 2003, in 2004 the total number rose from 360 to 404 but the percentage of 4.34% in 2004 was 0.42% below the 4.76% average for all seven years of reporting.

When discussing the number of patients who have been rehabilitated and who are no longer on methadone or buprenorphine, however, a number of other factors discussed later in the report, should be taken into account, these include: (1) the length of time a patient spent in treatment; (2) the patient drop-out rate and retention rate; (3) the levels of rehabilitation identified in Section VII; and (4) the discussion about patients who were no longer on methadone or buprenorphine.

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VIII - Number of Individuals on a Waiting List

None of the twelve (12) opioid treatment programs indicated that they had a waiting list in 2004. The treatment programs add to their staffs when patient loads indicate need and they extend treatment to all patients who present themselves. Thus, no waiting lists have existed for several years nor are any anticipated in the near future.

IX - Patient Information as Reported to a Central Registry

Finally, the Division was asked to establish a central registry to receive patient information from the treatment programs and insure that the information provided would not reveal the specific identity of a patient. For the 1998 report, the Division established a unique identifier format from an existing database, which was found to be suitable for establishing the basis of a central registry. This accomplished three things. First, it enabled treatment centers to maintain their patient's anonymity. Second, it provided a format that was compatible to that currently existing in the agencies of the two public treatment centers and within the Division itself. Finally, it enabled the Division to easily identify if there were any multiple admissions, (a patient being treated by more than one treatment program at the same time), within the state. The central registry continues to be maintained by the Division. Currently the Division is actively pursuing possible options and funding for an up-grade in order to have information entered on-line. Resultant benefits would be to provide more immediate access to enrollment information and to have it serve as the basis for streamlining the annual reporting procedure.

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I. The Number of Indiana Opioid Treatment Programs as of December 31, 2004

In calendar year 2004, there were 12 Opioid Treatment Programs (methadone providers) certified by the Division of Mental Health and Addiction (DMHA) operating in Indiana.

Two (2) of the twelve (12) are public, not-for-profit programs: **Edgewater Systems For Balanced Living, Inc.,** Gary and **Health & Hospital Corp. of Marion Co., Indiana, d/b/a Midtown Community Mental Health Center,** Indianapolis. The other ten (10) providers were all private, for-profit programs.

Five for-profit programs were under the same "ownership": **East Indiana Treatment Center, Inc.,** Lawrenceburg; **Evansville Treatment Center, Inc.,** Evansville; **Indianapolis Treatment Center, Inc.,** Indianapolis; **Richmond Treatment Center, Inc.,** Richmond; and **Southern Indiana Treatment Center, Inc.,** Jeffersonville.

A complete listing is below in alphabetical order:

1.	**Center for Behavioral Health Indiana, Inc.**	Fort Wayne, 46808
2.	**Discovery House, Inc.**	Gary, 46408
3.	**East Indiana Treatment Center, Inc.**	Lawrenceburg, 47025
4.	**Edgewater Systems For Balanced Living, Inc. ** (New Life Treatment Center)**	Gary, 46402
5.	**Evansville Treatment Center, Inc.**	Evansville, 47710
6.	**Health & Hospital Corp. of Marion Co., Indiana, d/b/a Midtown CMHC ** (Midtown Narcotic Treatment Program)**	Indianapolis, 46204
7.	**Holliday Health Care, P.C.**	Gary, 46403
8.	**Indianapolis Treatment Center, Inc.**	Indianapolis, 46205
9.	**Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center**	Gary, 46403
10.	**Richmond Treatment Center, Inc.**	Richmond, 47374
11.	**Southern Indiana Treatment Center, Inc.**	Jeffersonville, 47130
12.	**Victory Clinical Services II, L.L.C. d/b/a Victory Clinic**	South Bend, 46619
13.	**Richard L. Roudebush Medical Center (Veterans Administration) *****	Indianapolis, 46202

****** Public clinics

******* Because addiction services programs operated by the federal government are exempt from state certification requirements this treatment program is not under DMHA jurisdiction. However, it is mentioned here so that the report lists **all** programs in operation in Indiana. No information from this program was requested or received.

The attached map on the next page will show the location and distribution of the treatment programs throughout Indiana.

NOTE: All data shown in this report pertain only to the 12 opioid treatment programs that were certified by the Division of Mental Health and Addiction during CY2004.

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FAMILY AND SOCIAL SERVICES ADMINISTRATION/ DIVISION OF MENTAL HEALTH AND ADDICTION

Indiana Opioid Treatment Programs Certified by DMHA

1. **Center for Behavioral Health Indiana, Inc.**
   Terri Steinbacher
   260-420-6010

2. **Discovery House, Inc.**
   Robin Schulte
   219-985-8144

3. **East Indiana Treatment Center, Inc.**
   Mary Ann Detmer
   812-537-1668

4. **Edgewater Systems for Balanced Living, Inc.**
   (New Life Treatment Center)
   Myrtle Davis
   219-885-4264, Ext. 4215

5. **Evansville Treatment Center, Inc.**
   Phil Love
   812-424-0223

6. **Holliday Health Care, P.C.**
   Alfonso D. Holliday, II, MD
   219-938-2222

7. **Indianapolis Treatment Center, Inc.**
   Jim Ward
   317-475-9066

8. **Health & Hospital Corp. of Marion Co., Indiana, d/b/a Midtown CMHC** (Midtown Narcotics Treatment Program)
   Kinzua Le Suer
   317-287-3734

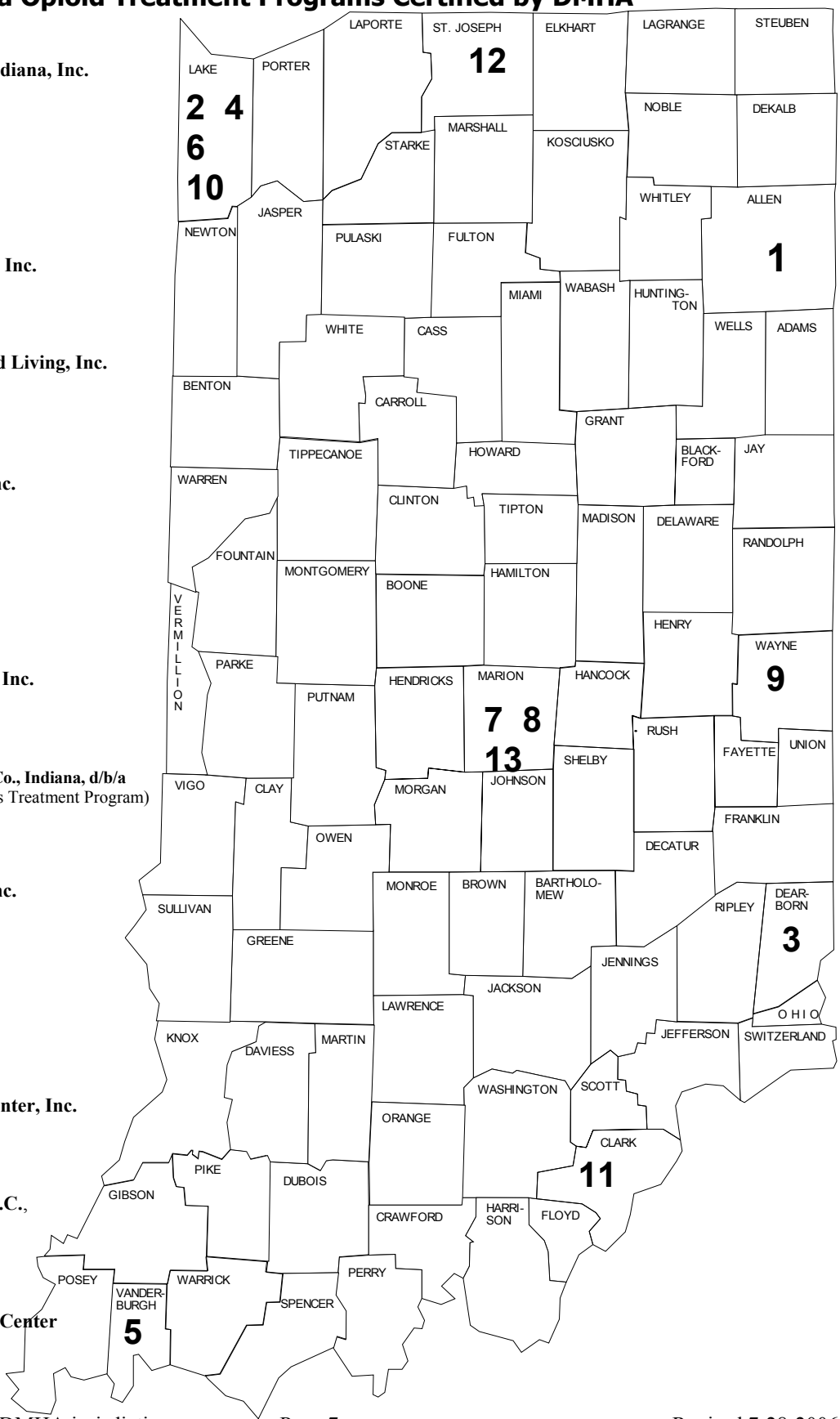
9. **Richmond Treatment Center, Inc.**
   David Reeves
   765-962-8843

9. **Metro Treatment of Gary, LP,**
   d/b/a Semoran Treatment Center
   Greg Harding
   219-938-4651

11. **Southern Indiana Treatment Center, Inc.**
    Vickie Friel
    812-283-4844

12. **Victory Clinical Services II, L.L.C.**,
    d/b/a Victory Clinic
    Andres Guljas
    574-233-1524

13. **Richard L. Roudebush Medical Center**
    ** Veterans Administration **
    Cheryl Petty
    317-554-0000, Ext. 5743



** This treatment program is not under DMHA jurisdiction.

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II. The Number of Patients on Opiate Agonist Medication (Methadone)

In 2004 each patient in Indiana was treated with methadone or buprenorphine. This was the first year of our reports that no patient was treated with levo-alpha-acetylmethadol hydrochloride (LAAM). The FDA warning in the fall of 2001 as to a possible potential for cardiac electrical conduction disturbances being caused by LAAM eventually led to a recommendation being issued that a twelve-lead ECG be performed prior to a patient receiving LAAM, with follow–up ECGs every 12-18 months. This plus the monitoring of additional concomitant pharmacological agents and the increased costs associated with all of these activities, resulted in all, except one, treatment program to no longer offer LAAM to their patients in 2003. Finally, because production of LAAM ceased during the summer of 2003, patients in 2004 no longer had access to this medication. On May 22, 2003, buprenorphine, another opoid agonist medication, was approved by SAMHSA to treat opiate addiction, and it was being utilized by one Indiana OTP. In this report, there is no distinction made in the data between patients treated with methadone and those treated with buprenorphine. Thus, in 2004 there were two FDA approved opiate agonist medications, methadone and buprenorphine. During 2004 only one clinic treated one patient with buprenorphine. However, as patients in the past, depending on their need, could easily switch between methadone and LAAM (in those programs approved to administer both), our database still contains all patients that were treated by these medications from 1998 through 2003.

During calendar year 2004 **a *total of 9,303 patients*** were enrolled in the 12 opioid treatment programs. This was an increase of only 611 patients (7.03%) in 2004 over the level of 2003 which was a slight increase over last year's 548 patients or 6.72% rate of increase .It is notable that 2003 was the first year that Indiana experienced a dramatic downturn in the increase of the total number of patients treated. When enrollments from each year are listed chronologically one can see the increase in number of patients, the rates of growth each year and over all growth compared to 1998:

Calendar Year	Total number of patients	Increase in number of patients compared to previous year	Increase in percentage of patients compared to previous year	Total of Patients per year compared to 1998 on percentage basis
1998	**3,704**	Baseline	Baseline	**100.0%**
1999	**4,529**	825	22.3	**122.3%**
2000	**5,482**	953	21.0	**148.0%**
2001	**6,809**	1,327	24.2	**183.8%**
2002	**8,144**	1,335	19.6	**219.9%**
2003	**8,692**	548	6.73	**234.7%**
2004	**9,303**	611	7.03	**251.2%**

As seen in the above listing, from 1998 through 2004 the total number of patients treated per year has more than doubled, increasing by 5,599 (151.2%).

Table 3 - Patients treated by Opioid treatment program in 2004

	Name of Opioid Treatment Program	Total number of Patients	Percentage of Total
1.	**Center for Behavioral Health Indiana, Inc.**, Fort Wayne	514	5.52
2.	**Discovery House, Inc.**, Gary	244	2.62
3.	**East Indiana Treatment Center, Inc.**, Lawrenceburg	2,887	31.03
4.	**Edgewater Systems For Balanced Living, Inc.**, Gary **	331	3.55
5.	**Evansville Treatment Center, Inc.**, Evansville	585	6.29
6.	**H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**, Indianapolis**	413	4.43
7	**Holliday Health Care, P.C.,** Gary	3	0.03
8.	**Indianapolis Treatment Center, Inc.**, Indianapolis	1,160	12.47
9.	**Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center,** Gary	443	4.76
10.	**Richmond Treatment Center, Inc.**, Richmond	720	7.74
11.	**Southern Indiana Treatment Center, Inc.**, Jeffersonville	1,861	20.04
12.	**Victory Clinical Services II, L.L.C. d/b/a Victory Clinic**, South Bend	142	1.52
	Totals	**9,303**	**100%**

(**** public clinics)**

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II. The Number of Patients on Opiate Agonist Medication (Methadone) Cont.

Per the enrollment figures in Table 3 above and comparing them to previous years we can make the following observations:

The two public clinics, again, enrolled 744 patients (7.98%) in 2004. This amounted to no decrease over the number of patients treated in 2003 but was still a decrease of 83 (10.04%) patients from the 2002 level; 24 patients (3.13%) from the 2001 level; and, 15 patients (1.98%) from the 1998 level. However it was still an increase of 27 (3.77%) over the 2000 level and 45 more patients (6.44%) over the 1999 level.

The ten private clinics enrolled 8,559 (92.00%) of the patients in 2004 as compared with 7,948 (91.45%) in 2003 and 7,317 (89.85%) patients in 2002

In 2004, 8,559 patients enrolled in private treatment programs of which 7,213 were enrolled in five clinics under one "ownership group". This represents 84.27% of all the private program enrollments and which had previous levels of 82.9% in 2003 and 83.9% in 2002. It also represents 77.53% of all patients enrolled in 2004. Compared to the entire state's past enrollments for each previous calendar year, this "ownership group" enrolled: 75.83% (6,591 patients) in 2003; 75.4% (6,140 patients) in 2002; 74.8%(5,069 patients) in 2001; 72.4% (3,968 patients) in 2000; 70.3% (3,184 patients) in 1999; and, 67.6% (2,504 patients) in 1998.

In 2004 each gender increased in numbers but reflected no real change in the ratio of males (61.06%) to females (38.94%). Table 4 below shows that over the past seven years, from 1998 to 2004, the rates of numerical increases have been about the same. However, the ratio of females to males has increased nearly 2% over the last six years.

Table 4 - Number and percentage of patients per year by gender

Calendar Year	Males		Females	
	Total number and % of total	Increase over previous year	Total number and % of total	Increase over previous year
2004	**5,680**	**362**	**3,623**	**249**
2004	**61.06%**	**6.81%**	**38.94**	**7.38%**
2003	**5,318**	**320**	**3,374**	**228**
2003	**61.18%**	**6.41%**	**38.82%**	**7.25%**
2002	4,998	795	3,146	540
2002	61.37%	18.92%	38.63%	20.72%
2001	**4,203**	**819**	**2,606**	**508**
2001	**61.72%**	**24.20%**	**38.28%**	**24.21%**
2000	3,384	521	2,098	432
2000	61.73%	18.20%	38.27%	25.93%
1999	**2,863**	**528**	**1,666**	**297**
1999	**63.21%**	**22.61%**	**36.78%**	**21.69**
1998	2,335	Base	1,369	Base
1998	**63.04%**	**Base**	**36.96%**	**Base**

This year 4,773 patients (51.31%) lived in Indiana and 4,530 (48.69%) patients lived outside of the state. Over the seven year period there has been a steady increase in the number and percentage of patients being treated from out of state, especially from Kentucky and Ohio. However it is interesting to note that the ranking of the states, both in numbers and percentages of patients, has remained the same. Table 5 is a breakdown, by states. There is a more detailed chart of the numbers of patients, their states and which treatment programs they attended on Page 11 below.

While overall patient enrollment has increased 151.2% from 1998 to 2004, observation of the Table 5 below shows even more significant increases in the number of patients from Kentucky and Ohio. Number of Kentucky patients has risen from 774 to 2,540 (228% increase) and Ohio's number has gone from 549 to 1,883 (243 % Increase).

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II. The Number of Patients on Opiate Agonist Medication (Methadone) Cont.

Table 5 – Total patients treated by Indiana OTP from 1998 - 2004

Number and percentage of patients listed by State										
Year		**IN**	**KY**	**OH**	**MI**	**IL**	**WV**	**FL**	**TN**	**Other**
2004	**#**	**4,773**	**2,540**	**1,883**	**49**	**49**	**2**	**3**	**3**	**1**
	%	51.31	27.30	20.24	0.53	0.53	0.02	0.03	0.03	0.01
2003	**#**	**4,741**	**2,158**	**1,709**	**49**	**30**	**2**	**0**	**0**	**3**
	%	54.54	24.83	19.66	0.56	0.35	0.02	0.0	0.0	0.03
2002	**#**	**4,447**	**1,942**	**1,672**	**51**	**22**	**6**	**0**	**0**	**4**
	%	54.60	23.85	20.53	0.63	0.27	0.07	0.0	0.0	0.05
2001	**#**	**3,757**	**1,643**	**1,322**	**48**	**27**	**10**	**0**	**0**	**2**
	%	55.18	24.13	19.42	0.70	0.39	0.15	0.0	0.0	0.03
2000	**#**	**3,136**	**1,315**	**953**	**37**	**27**	**10**	**0**	**0**	**4**
	%	57.21	23.99	17.31	0.67	0.49	0.18	0.0	0.0	0.08
1999	**#**	**2,759**	**1,021**	**677**	**30**	**27**	**12**	**0**	**0**	**3**
	%	60.9	22.5	14.9	0.7	0.6	0.3	0.0	0.0	0.1
1998	**#**	**2,315**	**774**	**549**	**25**	**26**	**12**	**0**	**0**	**2**
	%	62.5	20.9	14.8	0.7	0.7	0.3	0.0	0.0	0.1

Table 6 below shows the total number of patients treated broken down into the ethnic groups:

Table 6 – Total Indiana OTP patients treated by race/ethnicity

Calendar Year	White	Black African /American	Hispanic/ Latino	Other	American Indian	Multi-racial	Asian / Pacific Islander	Alaskan Native	Total
2004	**8,683**	**497**	**79**	**8**	**15**	**15**	**5**	**1**	**9,303**
2004	**93.34**	**5.34**	**0.85**	**0.09**	**0.16**	**0.16**	**0.05**	**0.01**	**100%**
2003	*8,018*	*545*	*78*	*14*	*15*	*15*	*7*	*0*	*8,692*
2003	*92.25%*	*6.27%*	*0.90%*	*0.16%*	*0.17%*	*0.17%*	*0.08%*	*0.0%*	*100%*
2002	**7,344**	**669**	**84**	**14**	**17**	**12**	**2**	**2**	**8,144**
2002	**90.18%**	**8.21%**	**1.03%**	**0.17%**	**0.21%**	**0.15%**	**0.025%**	**0.025%**	**100%**
2001	*6,026*	*657*	*82*	*12*	*14*	*13*	*2*	*3*	*6,809*
2001	*88.50%*	*9.65%*	*1.20%*	*0.18%*	*0.21%*	*0.19%*	*0.03%*	*0.04%*	*100%*
2000	**4,708**	**665**	**82**	**9**	**8**	**6**	**3**	**1**	**5,482**
2000	**85.88%**	**12.13%**	**1.50%**	**0.16%**	**0.15%**	**0.11%**	**0.05%**	**0.02%**	**100%**
1999	*3,776*	*658*	*77*	*9*	*5*	*2*	*1*	*1*	*4,529*
1999	*83.32%*	*14.58%*	*1.72%*	*0.20%*	*0.11%*	*0.04%*	*0.02%*	*0.02%*	*100%*
1998	**2,973**	**651**	**N/A**	**57**	**6**	**13**	**4**	**0**	**3,704**
1998	**80.26%**	**17.58%**	**N/A**	**1.54%**	**.16%**	**.35%**	**.11%**	**0.0%**	**100%**

The ethnic group "Hispanic / Latino" was not reported individually in 1998. The preexisting format, used so that this new database would interface with existing programming in the Division, was updated so that this category appears in the 1999 through 2004 reports. This ethnic group's number of patients has been relatively steady but quite low in number, ranging from a low of 77 in 1999 to a high of 84 in 2002. The percentage of total patients in treatment that this group comprised has steadily decreased from 1.72% (1999) to a low of 0.85 % in 2004. As there was a substantial decline in 1999 in the "Other" ethnic group category, it seems safe to say that the Hispanic/Latino ethnic group was included in this category in the 1998 report.

CY 2004 Opioid Treatment Programs' Out-of-state Patient Log

Treatment Center Name	AZ	SC	IL	IN	KY	MI	NV	OH	TN	WV	Number of Patients Out of St.	Number of Patients IN	Total # of Patients
Center for Behavioral Health	0	0	0	0	0	2	0	73	0	0	75		
Indiana, Inc.				439								439	514
Discovery House, Inc.	0	0	3	0	0	1	0	0	0	0	4		
				240								240	244
East Indiana Treatment	0	1	1	0	1089	0	0	1618	2	0	2711		
Center, Inc.				176								176	2,887
Edgewater Systems for Balanced	0	0	5	0	0	0	0	0	0	0	5		
Balanced Living, Inc.				326								326	331
Evansville Treatment Center, Inc.	0	0	37	0	247	0	1	0	1	0	286		
				299								299	585
Health & Hosp. Corp. of	0	0	0	0	0	0	0	0	0	0	0		
Marion Co., Indiana				413								413	413
Holliday Health Care, PC	0	0	0	0	0	0	0	0	0	0	0		
				3								3	3
Indianapolis Treatment	0	0	2	0	2	1	1	4	0	0	10		
Center, Inc.				1150								1150	1,160
Metro Treatment of Gary, LP	0	0	1	0	0	3	1	0	0	0	5		
				438								438	443
Richmond Treatment	0	0	0	0	0	0	0	187	0	0	187		
Center, Inc.				533								533	720
Southern Indiana Treatment	0	0	0	0	1202	0	0	1	0	2	1205		
Center, Inc.				656								656	1,861
Victory Clinical	0	0	0	0	0	42	0	0	0	0	42		
Services II, LLC				100								100	142
Totals	0	1	49	4773	2540	49	3	1883	3	2	4530	4773	9,303
Percentage of Total Patients	0.00%	0.01%	0.53%	51.31%	27.30%	0.53%	0.03%	20.24%	0.03%	0.02%	48.69%		100.00%
Percentage of Out of State Patients	0.00%	0.02%	1.08%	N/A	56.07%	1.08%	0.07%	41.57%	0.07%	0.04%	100.00%		

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III. The Length of Time Patients Received Opiate Agonist Medication (Methadone)

During calendar year 2004, as in previous years, patients were sorted into seven categories. As most patients have initial problems with commitment to and attendance at treatment programs, more categories were established for the first three years. The following length-of-time categories were created: less than 90 days (<90); 90 days to 1 year (90-1y); over 1 year to 2 years (1-2y); over 2 years to 3 years (2-3y); over 3 years to 6 years (3-6y); over six years to 10 years (6-10y); and over 10 years (>10y).

Table 7 – Distribution of patients' length of time in treatment per OTP (2004)and statewide, 1998 - 2004

PROGRAM	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y	Tot. #
Center for Behavioral Health Indiana, Inc	88	152	120	53	81	19	1	514
Discovery House, Inc.	60	38	75	32	33	6	0	244
East Indiana Treatment Center, Inc.	459	781	616	360	520	149	2	2,887
Edgewater Systems For Balanced Living, Inc.**	66	94	31	27	47	38	28	331
Evansville Treatment Center, Inc.	140	123	114	70	77	57	4	585
H & H C of Marion Co., Ind., d/b/a Midtown CMHC**	31	106	78	46	69	42	41	413
Holliday Health Care, P.C.	1	0	0	0	0	0	2	3
Indianapolis Treatment Center, Inc.	103	210	280	185	225	119	38	1,160
Metro Treatment of Gary, LP d/b/a Semoran Treatment Center	97	120	107	64	50	4	1	443
Richmond Treatment Center, Inc.	79	162	172	124	134	45	4	720
Southern Indiana Treatment Center, Inc.	303	504	418	191	293	94	58	1,861
Victory Clinical Services II, L.L.C. d/b/a Victory Clinic	19	36	20	8	27	31	1	142
2004 Statewide total patients per category	**1,446**	**2,326**	**2,031**	**1,160**	**1,556**	**604**	**180**	**9,303**
2004 Statewide total percentage per category	15.54	25.00	21.83	12.47	16.73	6.49	1.93	100.0
2003 Statewide total patients per category	***1,528***	***2,335***	***1,810***	***1,137***	***1,245***	***524***	***114***	***8,692***
2003 Statewide total percentage per category	*17.58*	*26.86*	*20.82*	*13.08*	*14.32*	*6.03*	*1.31*	*100%*
2002 Statewide total patients per category	**1,568**	**2,426**	**1,692**	**864**	**1,058**	**467**	**69**	**8,144**
2002 Statewide total percentage per category	19.25	29.79	20.78	10.61	12.99	5.73	0.85	100%
2001 Statewide total patients per category	***1,415***	***2,021***	***1,326***	***733***	***902***	***350***	***62***	***6,809***
2001 Statewide total percentages per category	*20.78*	*29.68*	*19.47*	*10.77*	*13.25*	*5.14*	*0.91*	*100%*
2000 Statewide total patients per category	**1,147**	**1,699**	**1,074**	**584**	**717**	**214**	**47**	**5,482**
2000 Statewide total percentages per category	20.9	31.0	19.6	10.7	13.1	3.9	0.90	100%
1999 Statewide total patients per category	***1,007***	***1,495***	***815***	***388***	***625***	***159***	***40***	***4,529***
1999 Statewide total percentages per category	*22.2*	*33.0*	*18.0*	*8.6*	*13.8*	*3.5*	*0.9*	*100%*
1998 Statewide total patients per category	**904**	**1,196**	**576**	**413**	**482**	**108**	**25**	**3,704**
1998 Statewide total percentages per category	24.41	32.29	15.55	11.15	13.00	2.90	0.07	100%

(**** public clinics)**

III. The Length of Time Patients Received Opiate Agonist Medication (Methadone) Cont.

From the above it is evident that patients have stayed in treatment for longer periods of time. Just slightly less than one-sixth (15.54%) of the patients statewide were enrolled 90 days or less and a one-fourth (25.00%) were in treatment between 90 days and one year. For the third time in a row since reporting began for calendar year 1998, less than one-half of all patients statewide were in treatment less than one year: 40.54% in 2004; 44.4% in 2003 and 49.4% in 2002. The percentage also continued to drop to 62.37%in 2004 from 65.26% (2003)and 69.82% (2002) for patients in treatment less than two years. This meant that the remaining categories should increase, which all but one did. Most notably increases were the 1.01% increase for patients in treatment 1-2 years and the increase of 2.41% for those patients in treatment 3-6 years.

The median for length of time in treatment continues to be over 1 year. This is an increase in length of time in treatment from the initial levels of 1998 where almost one quarter (24.41%) of patients were in treatment 90 days or less and almost one-third (32.29%) were in treatment between 90 days and one year. This meant that in 1998, 56.7% of all patients were in treatment less than one year and 72.25% less than two years. 2004 continued to see a decrease numbers of patients in shorter period of time. The percentages have dropped again from 44.4% to 40.5% being in treatment less than one year and from 65.26% to 62.3% being in treatment less than two years. However, the length of time spent in treatment is not the only rehabilitative factor and must be considered with the following three other observations in mind:
(1) the drop-out rate and retention rate of patients, discussed at the end of this section on **pages 13 - 16**;
(2) the levels of rehabilitation, discussed in Section V; and
(3) the discussion about patients no longer on methadone (or buprenorphine) in Section VII.

Of the 9,303 patients in treatment, **6,659 (71.57%) stayed in treatment** all year, or continuously from their date of enrollment during the year. This is a 4.06% increase from 2003 level of 67.51% and has been the highest level of retention since the annual reporting was initiated.. The following table shows the distribution of patients' length of time in treatment on a percentage basis for each treatment program.

Table 8 – % Patients' length of time in treatment by OTP and statewide, 1998 - 2004

PROGRAM	< 90	90-1y	1-2y	2-3y	3-6y	6-10y	> 10y
Center for Behavioral Health Indiana, Inc.	17.12%	29.57%	23.35%	10.31%	15.76%	3.70%	0.19%
Discovery House, Inc.	24.59%	15.57%	30.74%	13.11%	13.52%	2.46%	0.00%
East Indiana Treatment Center, Inc.	15.90%	27.05%	21.34%	12.47%	18.01%	5.16%	0.07%
Edgewater Systems For Balanced Living, Inc. **	19.94%	28.40%	9.37%	8.16%	14.20%	11.48%	8.46%
Evansville Treatment Center, Inc.	23.93%	21.03%	19.49%	11.97%	13.16%	9.74%	0.68%
H & H C of Marion Co., Ind., d/b/a Midtown CMHC **	7.51%	25.67%	18.89%	11.14%	16.71%	10.17%	9.93%
Holliday Health Care, P.C.	33.33%	0.00%	0.00%	0.00%	0.00%	0.00%	66.67%
Indianapolis Treatment Center, Inc.	8.88%	18.10%	24.14%	15.95%	19.40%	10.26%	3.28%
Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center	21.90%	27.09%	24.15%	14.45%	11.29%	0.90%	0.23%
Richmond Treatment Center, Inc.	10.97%	22.50%	23.89%	17.22%	18.61%	6.25%	0.56%
Southern Indiana Treatment Center, Inc.	16.28%	27.08%	22.46%	10.26%	15.74%	5.05%	3.12%
Victory Clinical Services II, L.L.C. d/b/a Victory Clinic	13.38%	25.35%	14.08%	5.63%	19.01%	21.83%	0.70%
Statewide total percentages 2004	**15.5%**	**25.0%**	**21.8%**	**12.5%**	**16.7%**	**6.49%**	**1.93%**
Statewide % 2003	*17.6*	*26.9*	*20.8*	*13.1*	*14.3*	*6.0*	*1.3*
Statewide % for 2002	***19.3***	***29.8***	***20.8***	***10.6***	***13.0***	***5.7***	***0.8***
Statewide % for 2001	*20.8*	*29.7*	*19.5*	*10.8*	*13.2*	*5.2*	*0.9*
Statewide % for 2000	**20.9**	**31.0**	**19.6**	**10.7**	**13.1**	**3.9**	**0.9**
Statewide % for 1999	*22.2*	*33.0*	*18.0*	*8.6*	*13.8*	*3.5*	*0.9*
Statewide % for 1998	**24.4**	**32.3**	**15.6**	**11.2**	**13.0**	**2.9**	**0.7**

(**** public clinics)**

III. The Length of Time Patients Received Opiate Agonist Medication (Methadone) Cont.

Some observations from Table 7 and Table 8 follow:

There was a continuation of lesser increases in the numbers of patient enrollments as compared to the five year from 1998 through 2002. There have been small but steady declines in the state-wide percentage of patients in treatment less than ninety days which continued in 2004.

Data from CY 2004 continues to support the premise that patients benefit from a minimum of two years in treatment, during which time they can be stabilized on a clinically appropriate dose of medication and receive counseling and other supportive services as they establish a program of recovery.

1. State-wide, the 90 days – 1 year time frame percentage has continued to decrease. It dropped to 25.00% in 2004 as compared to levels of 26.9% in 2003 and the highest rate of 33.0% in 1999.
2. For the third consecutive time, since reporting commenced, the state-wide percentage of all patients in treatment less than one year was below 50%. In 2004 it was 40.54% as compared to 44.5% in 2003 and to 49.1% in 2002.

All the categories for patients in treatment over 2 years have been increasing at a small rate. However, one must remember that these percentages translate into a greater number of patients because total enrollment has increased 151.2% since 1998.

All treatment programs, even the older and more established ones, continue to have a large percentage of patients in treatment less than 2 years. But this percentage has continued to drop from a high of 73.2% in 1999 to 65.3% in 2003 and 62.3% in 2004. The continued large percentage appears, in part, to be due to several factors. Early on, patients have a high tendency of recidivism; personal problems; transportation problems or other hurdles to overcome. Some short-term patients attended more than one treatment center often leaving gaps in treatment. These patients did not transfer but dropped out and re-enrolled at another center and, thus, were counted more than once during the year. Also, a number of these short-term patients were at the same treatment program more than once during the year. In the case of the latter, each of those was only counted once if there was no break in treatment for longer than 90 days. However, the percentage of patient treatment less than 90 day and those in treatment 1 -2 years have been virtually reversed in 2004 when compared to 1998. This seems to be supported by the drop-out rate's continued decline from 24.0 % in 1998 to 20.9 % in 2004. Dropt-out patients were those who did not complete treatment and were not detoxed. Below, Table 9 shows the drop-out rates per treatment center and compares them to those of previous years.

Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center is the most recently established treatment program. It opened and enrolled its first patient March 30, 1999. 2004 was its fifth full year of operation. It still has the highest percentage of patients enrolled less than one year of 48.99%. However, it has to be acknowledged for its remarkable improvement from its 61.9% rate in 2003. It was a continuance of its consistent reduction of this rate from past years when it was 69.0% in 2002, 75.5% in 2001 and 82.2% in 2000. This resulted in increases of patients in each of its length in treatment categories from one to ten years.

Table 9 below shows the distribution of patients who dropped out of treatment, by OTP, and statewide totals, including each OTP's drop-out rate by year, 1998-2004. Drop-out is defined as a patient who did not complete treatment and was not provided detoxification services. As can be seen, the statewide drop-out rate has declined marginally over the seven-year period, from 24% in 1998 to 20.9% in 2004 and reaching a high of 26.1% in 2002. The individual OTP drop-out rates have likewise fluctuated over the seven-year period, and in 2004, the rate ranged from a high[3] of 28.8% at the Center for Behavioral Health in Fort Wayne to a low of 1.8% at the Indianapolis Treatment Center. In 2004, the drop-out rates at the two publicly funded clinics, Edgewater Systems for Balanced Living in Gary and Midtown Narcotic Treatment Program in Indianapolis, were at 20.5% and 13.1%, respectively. Whereas the rates at these OTPs have stayed fairly consistent over the years, 2004 found Edgewater's drop-out rate to be its highest ever and Midtown's rate falling from its highest rate ever to the low end of it previous fluctuations. On the other hand, the drop-out rate at some OTPs have fluctuated widely, for example the Indianapolis Treatment Center, which was at 27.5% in 1998 and 25.8% in 2003 fell to 1.8% in 2004.

[3] Holliday Health Care in Gary showed a 50% drop-out rate in 2005, but this is based on a patient caseload of two patients and thus is not included.

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III. The Length of Time Patients Received Opiate Agonist Medication (Methadone) Cont.

Table 9 –% of drop-out patient by OTP and statewide , 1998 - 2004

PROGRAM NAME	Total # of patients	# of patients who dropped out 2004	% of patients who dropped out 2004	% of patients who dropped out 2003	% of patients who dropped out 2002	*% of patients who dropped out 2001*	% of patients who dropped out 2000	*% of patients who dropped out 1999*	% of patients who dropped out 1998
Center for Behavioral Health Indiana, Inc	**514**	**148**	**28.8%**	29.9	**27.9**	*22.4*	**31.9**	*32.8*	**38.3**
Discovery House, Inc.	**244**	**39**	**16.0%**	19.1	**22.3**	*25.5*	**17.0**	*40.2*	**34.0**
East Indiana Treatment Center, Inc.	**2,887**	**777**	**26.9%**	25.9	**27.8**	*22.9*	**22.3**	*19.8*	**22.8**
Edgewater Systems For Balanced Living, Inc.**	**331**	**68**	**20.5%**	11.6	**17.5**	*10.6*	**11.2**	*11.7*	**15.0**
Evansville Treatment Center, Inc.	**585**	**144**	**24.6%**	25.3	**23.7**	*21.5*	**22.0**	*22.6*	**25.4**
H & H C of Marion Co., Ind., d/b/a Midtown CMHC**	**413**	**54**	**13.1%**	22.0	**16.7**	*11.8*	**16.1**	*14.9*	**18.4**
Holliday Health Care, P.C.	**3**	**0**	**0.0%**	0.0	**0.0**	*0.0*	**0.0**	*0.0*	**0.0**
Indianapolis Treatment Center, Inc.	**1,160**	**21**	**1.8%**	25.8	**22.5**	*21.7*	**20.7**	*22.8*	**27.6**
Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center	**443**	**114**	**25.7%**	34.5	**32.0**	*35.1*	**47.2**	*37.9*	**N/A**
Richmond Treatment Center, Inc.	**720**	**163**	**22.6%**	24.5	**32.6**	*29.2*	**30.8**	*32.2*	**37.2**
Southern Indiana Treatment Center, Inc.	**1,861**	**395**	**21.2%**	20.7	**27.7**	*23.9*	**23.1**	*21.8*	**17.0**
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	**142**	**23**	**16.2%**	17.9	**21.4**	*12.2*	**21.6**	*17.9*	**24.3**
Statewide total and percentages	**9,303**	**1,946**	**20.9%**	*24.4*	***26.1***	*22.5*	***22.9***	*22.6*	***24.0***

(**** public clinics)**

Table 10 below shows percentage of patients dropping out of treatment distributed over seven treatment time categories, by OTP and statewide totals. Even though there was an increase in the number of patients in 2004 of 611 (**7.03%**), which was the second smallest rate of growth in a row since the baseline for patient discontinuances was established in our 1998 report, a consistent pattern is seen that at all OTPs, the greater number of patients drop out in earlier treatment, with drop-out rates for most patients at most OTPs declining the longer they are in treatment. The lowest drop-out rates are seen in patients in treatment between six and ten years and over ten years in treatment. Comparing drop-out rates from year to year, it can be seen that the drop-out rate for patients in treatment less than 90 days has decreased from 53.0% in 1998 to 33.7% in 2004 and for patients in treatment 90 days to one year from 33.2% to 31.5% during the same time period. This translates into an annual trend, of those patients who had been in treatment for less than one year that dropped out, which has continued to decline from 86.2% in 1998 to 63.7% in 2003 but rose slightly to 65.21% in 2004. Concomitant slight increases and slight decreases have occurred in drop-out rates over the eight-year period for patients in treatment from 90 days to one year, from one to two years, from six to ten years and for patients in treatment over ten years. Of note is that at the same time, patients have stayed in treatment longer since the first report in1998, the statewide patient drop-out rates for those in treatment between one and two years increased from 6.1% in 1998 to 18.6% in 2006, and for those in treatment between two and three years, it increased from 4.0% in 1998 to almost double that, 7.8% in 2004.

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III. The Length of Time Patients Received Opiate Agonist Medication (Methadone) Cont.

Table 10 Length of time in Treatment for Number and percent of drop-out patients by OTP and statewide

PROGRAM NAME	Length of time in treatment for patients who dropped out													
	< 90 days		90 – 1 y-		1 – 2 y		2 – 3 y		3 – 6 y		6-10 y		>10 y	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc	51	34.5	49	33.1	27	18.2	11	7.4	9	6.1	1	0.68		0.00
Discovery House, Inc.	32	82.1	5	12.8	2	5.1		0.0		0.0		0.00		0.00
East Indiana Treatment Center, Inc.	220	28.3	263	33.8	150	19.3	63	8.1	68	8.8	13	1.67		0.00
Edgewater Systems For Balanced Living, Inc.**	35	51.5	20	29.4	7	10.3	3	4.4		0.0	3	4.41		0.00
Evansville Treatment Center, Inc.	68	47.2	29	20.1	23	16.0	12	8.3	7	4.9	4	2.78	1	0.69
H & H C of Marion Co., Ind., d/b/a Midtown CMHC**	10	18.5	21	38.9	13	24.1	3	5.6	3	5.6	3	5.56	1	1.85
Holliday Health Care, P.C.	1	33.33		0.%		0.0		0.0		0.0		0.00	2	66.67
Indianapolis Treatment Center, Inc.	7	33.3	4	19.0	6	28.6	2	9.5	1	4.8	1	4.76		0.00
Metro Treatment of Gary, LP, d/b/a Semoran Treatment Center	48	42.1	35	30.	18	15.8	10	8.8	3	2.6		0.00		0.00
Richmond Treatment Center, Inc.	31	19.0	48	29.4	42	25.8	25	15.3	12	7.4	5	3.07		0.00
Southern Indiana Treatment Center, Inc.	144	36.5	131	33.2	73	18.5	22	5.6	18	4.6	6	1.52	1	0.25
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	10	43.5	8	34.8	1	4.3		0.0	2	8.7	2	8.70		0.00
Statewide total # of patients per category 2004	**656**		**613**		**362**		**151**		**123**		**38**		**3**	
Statewide % of patients per category 2004		**33.7**		**31.5**		**18.6**		**7.8**		**6.3**		**2.0**		**0.2**
Total # patients and %for state in 2003	*695*	*32.7*	*659*	*31.0*	*379*	*17.8*	*204*	*9.6*	*151*	*7.1*	*32*	*1.5*	*5*	*0.2*
Total # patients and % for state in 2002	**787**	**37.0**	**715**	**33.6**	**342**	**16.1**	**137**	**6.4**	**117**	**5.5**	**28**	**1.3**	**0**	**0.0**
Total # patients and % for state in 2001	*621*	*40.5*	*516*	*33.7*	*229*	*14.9*	*80*	*5.2*	*73*	*4.8*	*11*	*0.7*	*3*	*0.2*
Total # patients and % for state in 2000	**551**	**43.8**	**440**	**35.0**	**162**	**12.9**	**58**	**4.6**	**39**	**3.1**	**7**	**0.6**	**0**	**0.0**
Total # patients and % for state in 1999	*469*	*45.7*	*399*	*38.9*	*101*	*9.8*	*29*	*2.8*	*25*	*2.4*	*2*	*0.2*	*2*	*0.2*
Total # patients and % for state in 1998	**471**	**53.0**	**295**	**33.2**	**54**	**6.1**	**36**	**4.0**	**30**	**3.4**	**3**	**0.3**	**0**	**0.0**

(public clinics)**

Table 11 below is a repeat of Table 1 in the Overview and shows a 2004 retention in treatment rate (patients continuously in treatment from enrollment to the end of CY 2004) for Indiana OTP patients of 71.68%, or 6,668 patients, an increase of just over four percent over 2003. Retention in treatment has fluctuated little between 1998 and 2003, but reached a new high of 71.68% in 2004. The table also shows that an additional 257 patients (2.76%) transferred from one OTP to another, and it can be assumed that they continued their treatment as well. When combining these two categories the result is in an estimated total of 74.44% of the patients being continuously in treatment during 2004.

2004 Indiana Opioid Treatment Program Report

III. The Length of Time Patients Received Opiate Agonist Medication (Methadone) Cont.

Table 11 – Five trends in number of patients treated

Calendar Year	Total # patients	Increase of patients compared to previous year		Patients continuously in treatment		Patients who transferred between treatment centers		Patients in treatment 90 days or less		Patients in treatment between 90 days and 1 year	
		#	%	#	%	#	%	#	%	#	%
1998	**3,704**	Baseline	Baseline	**2,427**	65.52	**185**	4.95	**904**	24.4	**1,196**	32.3
1999	**4,529**	**825**	22.3	**3,000**	66.24	**187**	4.13	**1,007**	22.2	**1,495**	33.0
2000	**5,482**	**953**	21.0	**3,710**	67.68	**260**	4.74	**1,147**	20.9	**1,698**	31.0
2001	**6,809**	**1,327**	24.2	**4,694**	68.94	**217**	3.19	**1,415**	20.8	**2,021**	29.7
2002	**8,144**	**1,335**	19.6	**5,351**	65.70	**292**	3.59	**1,568**	19.3	**2,426**	29.8
2003	**8,692**	**548**	6.73	**5,876**	67.60	**278**	3.20	**1,530**	17.6	**2,337**	26.9
2004	**9,303**	**611**	7.03	**6,668**	71.68	**257**	2.76	**1,450**	15.6	**2,327**	25.0

Table 12 additionally shows the percentage of patients who dropped out under one year and the percentage of dropouts in treatment less than 1 year that were in treatment less than 90 days, as well as showing statewide drop-out totals. It can be seen that the percentage of patients dropping out under one year has declined from 86.2% in 1998 to 65.2% in 2004 and that of the percentage of patients dropping out under 90 days in treatment has declined from 53% in 1998 to 51.7% in 2004.

Table 12 – Percentage of patient retention, dropout and "other" discontinuance per year, 1998 - 2004

CY Year	Retention in Treatment rate	Discontinuance (other than dropping out)	Dropout rate	% Dropouts in treatment less than 1 year	% Dropouts in treatment less than 1 year that were in treatment less than 90 days
2004	71.57%	7.51%	20.9%	65.2%	51.7%
2003	67.51%	8.04%	24.4%	63.7%	51.3%
2002	65.70%	8.19%	26.1%	70.6%	52.4%
2001	68.94%	8.55%	22.5%	74.2%	40.5%
2000	67.55%	9.55%	22.9%	78.8%	43.8%
1999	66.2%	11.2%	22.6%	84.5%	45.8%
1998	65.5%	10.5%	24.0%	86.2%	53.0%

The 2004 data continues to support the premise that patients have most of their problems getting established in treatment during the first two years. After achieving stability they may then begin establishing a pathway towards recovery which may or may not include coming off of methadone or buprenorphine entirely. Furthermore, it appears that most of the efforts of stabilization, solving problems, and engaging patients in the process of recovery need to take place during the first year, which accounts for 65.2% of all drop out, and especially during the first 90 days, which accounts for 51.7% of all drop outs during the first year. The next goal for OTPs will be to maintain or lower the dropout rate of those in treatment for under one year and determine what can be done to decrease dropout rates for those in treatment from 1 – 2 years and 2 – 3 years.

2004 Indiana Opioid Treatment Program Report

IV. The Costs to Patients on Opiate Agonist Medication (Methadone)

All patients in opioid treatment in Indiana are charged for their treatment. For the purpose of this report it was decided to define "cost to patient" as the direct costs of treatment to the patients, or the amounts that patients paid out-of-pocket. The costs shown by this data do not reflect what it costs the treatment programs to provide services. Neither do the costs reflect any subsidy amounts paid to the two public clinics for services in order for them to charge patients on the basis of a sliding-fee scale. The standing fees in 2004 were $35.00 and $40.00 per week at the two public, not-for-profit, programs and range from $70.00 – $85.00 per week at the private, for-profit, programs. During calendar year 2004 a ***total of 9,303*** patients, enrolled in 12 opioid treatment programs and directly paid a total of $26,020,362.00 for the periods of time that they were in treatment. This is a state-wide average of $2,796.99 that each patient paid in 2004. The gross amounts paid by all patients to each treatment program for a total of 2,167,128 dosing days are shown in Table 13 below.

Table 13 – Total # Patients, Total Patient Payments and Total # "Dosing Days," by OTP

PROGRAM NAME	2004		
	Total Patients	Total Patients Paid ($)	***Total # of dosing days***
Center for Behavioral Health Indiana, Inc.	514	$1,100,619.00	162174
Discovery House, Inc.	244	$391,022.00	47471
East Indiana Treatment Center, Inc.	2887	$8,599,803.00	625763
Edgewater Systems For Balanced Living, Inc. **	331	$183,312.00	72215
Evansville Treatment Center, Inc.	585	$1,726,724.00	124525
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	413	$698,625.00	82719
Holliday Health Care, P.C.	3	$14,395.00	730
Indianapolis Treatment Center, Inc.	1160	$4,369,307.00	297477
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	443	$716,348.00	79746
Richmond Treatment Center, Inc.	720	$2,406,841.00	171489
Southern Indiana Treatment Center, Inc.	1861	$5,498,378.00	469733
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	142	$314,988.00	33086
Statewide TOTALS	**9,303**	26,020,362.00	***2,167,128***

(**** public clinics)**

The tables that follow reflect the total amount of payments received and doses issued by each OTP into more specific elements for comparison.

Table 14 – Comparison of Annual Total Patient Payments by OTP, 1998 - 2004

PROGRAM NAME	Total Paid by Patients ($$)						
	2004	**2003**	**2002**	2001	***2000***	1999	***1998***
Center for Behavioral Health Indiana, Inc.	**$1,100,619.00**	889,876	**688,244**	400,540	***297,545***	200,858	***130,144***
Discovery House, Inc.	**$391,022.00**	333,546	**392,376**	265,201	***236,410***	211,824	***103,087***
East Indiana Treatment Center, Inc.	**$8,599,803.00**	6,735,492	**6,459,593**	4,814,029	***3,471,758***	2,083,638	***1,321,080***
Edgewater Systems For Balanced Living, Inc. **	**$183,312.00**	190,698	**209,631**	284,994	***241,243***	172,957	***166,846***
Evansville Treatment Center, Inc.	**$1,726,724.00**	1,345,849	**1,121,150**	941,963	***836,555***	691,439	***542,834***
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	**$698,625.00**	731,510	**703,880**	631,375	***668,085***	526,100	***555,445***
Holliday Health Care, P.C.	**$14,395.00**	13,560	**9,500**	9,000	***9,600***	19,524	***20,998***
Indianapolis Treatment Center, Inc.	**$4,369,307.00**	3,470,111	**3,134,701**	2,446,198	***2,158,749***	1,752,768	***1,394,377***
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	**$716,348.00**	670,283	**452,042**	302,740	***185,972***	60,761	***N/A***
Richmond Treatment Center, Inc.	**$2,406,841.00**	2,046,222	**1,879,803**	1,438,623	***952,467***	696,848	***407,375***
Southern Indiana Treatment Center, Inc.	**$5,498,378.00**	4,325,293	**3,821,099**	3,010,560	***2,134,348***	1,663,762	***1,336,719***
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	**$314,988.00**	297,507	**301,704**	262,100	***292,502***	243,667	***213,607***
Statewide TOTALS	**26,020,362.00**	21,049,947	**19,173,723**	14,807,323	***11,507,071***	8,357,247	***6,206,766***

(**** public clinics)**

IV. The Costs to Patients on Opiate Agonist Medication (Methadone) Cont.

Table 14 above compares the annual total patient payments received by OTPs, 1998 – 2004. As can be seen, between 1998 and 2004, total patient payments rose from $6,206,766 to $26,020,362. The 2004 total amount paid by patients was an increase of 23.6% over the amount paid by patients in 2003. Of note is that only the public two public OTPs saw declines in patient payments in 2005. As patient enrollments increase, increases are seen in patient payments, because the number of doses issued and services used generally increases, with the end result being increases in revenue. Additionally, as patients remain in treatment longer, and we've already noted the average length of time in treatment has increased between 1998 and 2005, it also typically results more services accessed, more doses being issued, and this is likely also affecting an increase in annual patient payments.

Table 15 below shows average annual patient payments by OTP, showing that between 1998 and 2004, the average annual patient payment has increased by $1,176.11, from $1,620.88 to $2,796.99, or a 72.6% increase in the average annual patient payment across the system. Over the last year, however, the average annual payment increased by $375.23, 15.5%, from $2,421.76 in 2003. Also as can be seen in 200, the average annual patient payment ranged from lows of $553.801 at Edgewater and $1,602.55 at Discovery House to a high of $3,342.83 at the Richmond Treatment Center. Because of its unique circumstance, we have excluded Holliday HealthCare and its three patients from this high and low cost discussion.

Table 15 Annual Comparison of Average Patient Payment by OTP, 1998 - 2004

PROGRAM NAME	$$ Average / Patient						
	2004	2003	**2002**	2001	**2000**	1999	**1998**
Center for Behavioral Health Indiana, Inc.	**$2,141.28**	1,873.42	**1,811.17**	1,362.30	**1,185.44**	1,079.88	**873.45**
Discovery House, Inc.	**$1,602.55**	1,273.08	**1,684.02**	1,326.01	**1,343.24**	1,151.21	**701.27**
East Indiana Treatment Center, Inc.	**$2,978.80**	2,682.39	**2,645.21**	2,461.16	**2,444.90**	2,113.22	**1,917.39**
Edgewater Systems For Balanced Living, Inc. **	**$553.81**	693.45	**572.76**	890.61	**770.74**	547.33	**533.05**
Evansville Treatment Center, Inc.	**$2,951.66**	2,792.22	**2,656.75**	2,898.35	**2,707.30**	2,267.01	**2,120.45**
H & H C of Marion Co., Indiana, dba Midtown CMHC**	**$1,691.59**	1,559.72	**1,526.85**	1,409.32	**1,653.68**	1,373.62	**1,247.63**
Holliday Health Care, P.C.	**$4,798.33**	6,780.00	**4,750.00**	9,000.00	**3,200.00**	4,881.00	**4,199.60**
Indianapolis Treatment Center, Inc.	**$3,766.64**	2,765.03	**2,749.74**	2,602.34	**2,548.70**	2,247.13	**2,059.64**
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	**$1,617.04**	1,435.30	**1,147.31**	1,002.45	**868.82**	523.80	**N/A**
Richmond Treatment Center, Inc.	**$3,342.83**	2,757.71	**2,470.17**	2,176.43	**2,111.90**	1,883.37	**1,367.03**
Southern Indiana Treatment Center, Inc.	**$2,954.53**	2,701.62	**2,778.98**	2,479.87	**2,345.43**	2,349.94	**2,395.55**
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	**$2,218.23**	1,970.25	**1,795.86**	1,770.95	**1,911.78**	1,561.96	**1,525.76**
Statewide AVERAGES	**2,796.99/ program**	2,421.76/ program	**2,215.74/ program**	2,448.32/ program	**2,099.06/ program**	1,845.27/ program	**1,620.88/ program**

(**** public clinics)**

It has to be kept in mind that patient-paid amounts are dependent on attendance, number of dosing days, and number of drug screens. To put the average patient payments into perspective one must look at the average number of dosing days and the average dosing costs paid per patient at each program for the times they were dosed.

The longer patients are in treatment, the greater the regularity of attendance and thus a greater dosing average per patient for the year. Table 16 below shows the average number of "dosing days" per patient, 1998-2004, for the 12 OTPs and statewide totals. The average number of dosing days is seen to have increased over the seven-year period, from 201.13 in 1998 to 232.9 in 2004. This has been the highest average of dosing days since reporting first began.

2004 Indiana Opioid Treatment Program Report

IV. The Costs to Patients on Opiate Agonist Medication (Methadone) Cont.

Table 16 – Comparison of Annual Average Number of Dosing days per patient by OTP, 1998 - 2004

PROGRAM NAME	Total # Patients	Average # dosing days/patient 2004 - 1998						
		2004	2003	**2002**	2001	***2000***	1999	***1998***
Center for Behavioral Health Indiana, Inc.	514	**315.5**	273.9	**259.80**	160.70	***139.46***	154.27	***124.78***
Discovery House, Inc.	244	**194.6**	185.3	**172.88**	169.30	***169.81***	163.09	***109.51***
East Indiana Treatment Center, Inc.	2887	**216.8**	230.9	**221.01**	212.45	***210.11***	207.51	***189.93***
Edgewater Systems For Balanced Living, Inc. **	331	**218.2**	225.1	**210.99**	361.42	***235.38***	241.99	***253.97***
Evansville Treatment Center, Inc.	585	**212.9**	228.2	**214.18**	246.48	***243.48***	214.26	***214.98***
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	413	**200.3**	132.0	**215.01**	168.22	***176.60***	211.28	***201.22***
Holliday Health Care, P.C.	3	**243.3**	365.0	**190.5**	365	***246.33***	323.75	***307.60***
Indianapolis Treatment Center, Inc.	1160	**256.4**	225.1	**226.47**	223.43	***230.12***	216.65	***214.86***
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	443	**180.0**	157.7	**129.85**	121.66	***109.04***	65.97	***N/A***
Richmond Treatment Center, Inc.	720	**238.2**	226.3	**206.39**	186.83	***189.61***	176.99	***131.92***
Southern Indiana Treatment Center, Inc.	1861	**252.4**	221.9	**227.94**	215.98	***208.74***	216.56	***222.45***
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	142	**233.0**	221.1	**240.67**	236.55	***236.49***	226.66	***304.12***
Statewide TOTALS	**9,303**	**232.9**	219.3	**209.64**	222.34	***203.89***	203.92	***201.13***

(public clinics)**

Table 17 below shows the average payment per dosing day, by OTP, and statewide averages, 1998-2004, indicating that the average payment per dosing day has increased from $8.33 in 1998 to $12.01 in 2004, the highest average to date. OTPs vary considerably between them on the average payment per dosing day, from a high in 2004 of $14.69 at Indianapolis Treatment Center to a low of $2.54 average patient payment per dosing day at Edgewater. Again, because of its unique circumstance, we have excluded Holliday HealthCare and its three patients from this high and low cost discussion.

Table 17
Total Patient and Average Payment/Dose by OTP, !998 - 2004

PROGRAM NAME	Total # Patients	Avg. $$ paid/ patient / dosing day (2004 – 1998)						
		2004	2003	**2002**	2001	**2000**	1999	**1998**
Center for Behavioral Health Indiana, Inc.	514	**$6.79**	6.84	**6.97**	8.48	**8.50**	7.00	**7.00**
Discovery House, Inc.	244	**$8.24**	6.87	**9.74**	7.83	**7.91**	7.06	**6.40**
East Indiana Treatment Center, Inc.	2887	**$13.74**	11.62	**11.97**	11.58	**11.64**	10.18	**10.10**
Edgewater Systems For Balanced Living, Inc. **	331	**$2.54**	3.08	**2.71**	2.46	**3.27**	2.26	**2.10**
Evansville Treatment Center, Inc.	585	**$13.87**	12.24	**12.40**	11.76	**11.20**	10.58	**9.86**
H & H C of Marion Co., Indiana, d/b/a Midtown CMHC**	413	**$8.45**	11.82	**7.10**	8.38	**9.36**	6.50	**6.20**
Holliday Health Care, P.C.	3	**$19.72**	18.58	**24.93**	24.66	**12.99**	15.08	**13.65**
Indianapolis Treatment Center, Inc.	1160	**$14.69**	12.28	**12.14**	11.65	**11.08**	10.37	**9.59**
Metro Treatment of Gary, LP, d/b/a Semoran T. C.	443	**$8.98**	9.10	**8.84**	8.24	**7.97**	7.94	**N/A**
Richmond Treatment Center, Inc.	720	**$14.03**	12.19	**11.97**	11.65	**11.14**	10.64	**10.36**
Southern Indiana Treatment Center, Inc.	1861	**$11.71**	12.17	**12.19**	11.48	**11.24**	10.85	**10.77**
Victory Clinical Services II, L.L.C., d/b/a Victory Clinic	142	**$9.52**	8.91	**7.46**	7.49	**8.08**	6.89	**5.02**
Statewide Averages	**9303**	**12.01**	11.05	**10.70**	10.47	**10.29**	9.05	**8.33**

(public clinics)**

2004 Indiana Opioid Treatment Program Report

IV. The Costs to Patients on Opiate Agonist Medication (Methadone) Cont.

Two (2) of the twelve (12) are public, not-for-profit programs: **Edgewater Systems For Balanced Living, Inc.,** Gary and **Health & Hospital Corp. of Marion Co., Indiana, d/b/a Midtown Community Mental Health Center,** Indianapolis. The other ten (10) providers are all private, for-profit programs.

CRC Clinics are five for-profit programs that are under the same "ownership":
East Indiana Treatment Center, Inc., Lawrenceburg;
Evansville Treatment Center, Inc., Evansville;
Indianapolis Treatment Center, Inc., Indianapolis;
Richmond Treatment Center, Inc., Richmond; and
Southern Indiana Treatment Center, Inc., Jeffersonville.

Since Holliday Health Care only served three patients in 2004, information from this clinic has been removed from the discussion in Table 18, below. The averages are skewed, as in past years, because Holliday Health Care charged three patients the full amount ($14,395.00) to operate and keep the clinic open. It still appears in the table for informational purposes.

Table 18
Total Patient Payments, Average # Doses, Average Payment/Dose, Average Annual Patient Payment

CY 2004 Dosing and Costs Providers	# of Patients	# of Doses	Gross Income	Avg. # Doses/ Patient	Avg. Cost/ Dose	Avg Patient Cost 2003
State-wide Totals	**9,303**	**2,167,128**	**$26,020,362.00**	**232.9**	**$12.01**	**$2,796.99**
Holliday Health Care, PC (IN-10,044M)	**3**	730	$14,395.00	243.3	$19.72	$4,798.33
State-wide Totals (Not including Holliday)	**9,300**	2,166,398	$26,005,967.00	232.9	$12.00	$2,796.34
2 Public Programs' Totals	**744**	154934	$881,937.00	208.2	$5.69	$1,185.40
All Private Programs' Totals (Not including Holliday)	**8,556**	2,011,464	$25,124,030.00	235.1	$12.49	$2,936.42
5 CRC Programs' Totals	**7,213**	1,688,987	$22,601,053.00	234.2	$13.38	$3,133.38
All Private Clinic Totals (Not including CRC +Holliday)	**1,343**	322,477	$2,522,977.00	240.1	$7.82	$1,878.61

Table 18 above provides further cost comparisons for 2004 and shows that the 11 OTPs (not including Holliday Health Care) saw total patient payments of $26,005,967.00, amounting to an average annual patient payment of $2,796.34, for an average of 232.9 dosing days per patient, and an average payment per dose of $12.00.

Looking only at the two public OTPs, Edgewater and Midtown, total patient payments were reported at $881,937.00, an average annual patient payment at $1,185.40, for an average of 208.2 dosing days per patient and an average payment per dose at $5.69.

The nine privately owned OTPs (not including Holliday Health Care) reported total patient payments of $25,124,030.00, an average annual patient payment of $2,936.42, for an average of 235.1 dosing days per patient and average patient payment per dose of $12.49.

The five CRC OTPs reported total patient payments of $22,601,053.00, an average annual patient payment of $3,133.38 for an average of 234.2 dosing days per patient and average patient payment per dose of $13.38.

Finally, the other four privately owned OTPs (not including Holliday Health Care) reported total patient payments of $2,522,977.00, for an average of 240.1 dosing days per patient, an average annual patient payment of $1,878.61 and average patient payment per dose of $7.82.

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V. Rehabilitation Rate of Patients Receiving Opiate Agonist Medication (Methadone) Treatment

As rehabilitation is a progression towards improvement through treatment it was necessary to establish a number of indicators by which improvement could be evaluated. Nine (9) Rehabilitation Indicators for a patient undergoing opioid treatment were established. These were formulated from those areas for which assessments are done at intake, compounds that are tested for during urine drug screens, and indicators which are reviewed in order to evaluate a patient's readiness for unsupervised "take-home" medication. They were defined as follows:

10. **Reduction in** use of **prescription opiates**.
11. **Reduction in illegal** use of **non-prescription opiates**.
12. **Reduction in illegal** use of **drugs other than opiates**.
13. **Reduction of criminal behavior**.
14. **Reduction of risky behavior** related to **spread of infectious disease**.
15. **Reduction in abuse** of **alcohol**.
16. **Improvement in schooling** or **training**.
17. **Improvement in employment**.
18. **Improvement in family relationships.**

The following table shows the number of patients, statewide, to whom the indicator was applicable, and the percentage of each based on the total of all patients enrolled.

Table 19 – Each Indicator's Applicability to Number and Percentage Patients, from 1998 - 2004

Rehabilitation Indicators	Indicator's applicability									
	Not Applicable		Applicable							
	# of patients	% 2004	**# of patients**	**% 2004**	% 2003	**% 2002**	% 2001	**% 2000**	% 1999	**% 1998**
1. reduced use of **prescription opiates**	3,429	36.9	**5,874**	**63.1**	63.4	**66.9**	74.9	**75.6**	80.8	**82.8**
2. reduced illegal use of **non-prescription opiates**	748	8.0	**8,555**	**92.0**	92.6	**94.1**	96.2	**94.9**	94.7	**95.1**
3. reduced illegal use of **drugs other than opiates**	740	8.0	**8,563**	**92.0**	89.3	**90.3**	92.4	**91.9**	92.4	**91.7**
4. reduced criminal behavior	2,214	23.8	**7,089**	**76.2**	70.0	**74.9**	73.9	**74.3**	84.8	**75.4**
5. reduced risky behavior related to **spread of infectious disease**	3,123	33.6	**6,180**	**66.4**	63.9	**66.8**	70.9	**71.2**	79.1	**74.2**
6. reduced abuse of **alcohol**	5,473	58.8	**3,830**	**41.2**	39.2	**43.9**	47.6	**46.8**	54.0	**49.3**
7. improved schooling or **training**	2,480	26.7	**6,823**	**73.3**	72.1	**71.4**	72.3	**67.9**	70.3	**75.1**
8. improved employment	955	10.3	**8,348**	**89.7**	89.2	**87.8**	86.8	**87.2**	85.8	**84.3**
9 improved family relationships	280	3.0	**9,023**	**97.0**	96.0	**94.5**	93.2	**95.3**	94.2	**93.4**

Table 19 above demonstrates that all nine rehabilitation indicators played a significant role in patients' lives. Bear in mind that the reduction of an indicator and the improvement of an indicator are the ultimate aims for those indicators that are a factor in a patient's life.

Some interesting observations made, based on these percentages, are as follows:

Because of the high percentages for prescription opiate, non-prescription opiates and drugs other than opiates one can conclude that poly-drug use of patients presenting themselves for treatment is a major problem.

On the other hand, the use of alcohol by these patients is quite a bit less and has consistently been less than 50%.

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1. Looking at only the first six "reduced" indicators:

The high involvement of prescription opiates, illegal non-prescription opiates, and illegal drugs other than opiates, suggests many patients are using more than one kind of drug at a time:

a. Indicator #2, "reduced illegal use of non-prescription opiates", was the highest patient involvement indicator in all six years of 1998 through 2003. Numerically it fell into second place as it had 8 less patients but percentage wise it tied for first.

b. Indicator #3, "reduced illegal use of drugs other than opiates", was the second highest patient involvement indicator in all six years of 1998 through 2003. Numerically it jumped into first place as it had 8 more patients but percentage wise it tied for first.

c Indicator #1, "reduced illegal use of prescription opiates", was the third or fourth highest patient involvement indicator in five years from 1998 through 2002 but dropped to fifth in 2003 and remained in that position in 2004.

2. The indicator with the lowest over-all patient involvement remained Indicator #6, "reduced abuse of alcohol". Whereas it has declined over the years from a high of 54.0% in 1999 it still presented itself to over one-third of the patients, 39.2% in 2003 and rose slightly to 41.2% in 2004.

3. Indicator #3, "reduced illegal use of drugs other than opiates", by only 8 more patients, became the second highest indicator with the most number of over-all patient involvement in 2004, 8,563 patients or 92.0%. It had been third highest in 2003 (89.3%) as well as in 2002 through 1998. The first and second highest indicators in the past have always alternated between #2, "reduced illegal use of non-prescription opiates", and #9, "improved family relationships".

4. In all previous years the third and fourth highest over-all indicators have consistently been #3, "reduced illegal use of drugs other than opiates", and #8, "improved employment", respectively. In 2204 #3 was second and #8 stayed 4th.

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5. Indicator # 9, "improved family relationships" again became the highest impact indicator in2004 (97.0%) as it previously had been for 2003 (96.0%), 2002 (94.5%) and 2000 (95.3%). It was the second highest in the other years and indicates the impact that treatment has not only on the patients themselves but also on their families.

6. A large percentage of patients have been involved with the criminal justice system in some fashion, though the indicator has no breakdown on the kind of involvement or its severity. "Reduced criminal behavior" increased slightly to **76.2** percent, with a high of 84.8% (1999) and an all-time low of 70.0% in 2003.

7. There continues to be a public health issue because of the significant risky behavior related to spread of infectious disease. It had been declining every year from a high of 79.1% in 1999 to a level of 63.9% in 2003. This year there was a slight increase, rising to 66.4%, which almost matches the 2002 level of 66.8%.

All **9,303 enrolled patients who were** in an opioid treatment program in 2004 were assigned a rehabilitation level of improvement for each indicator if it applied to that patient. The four levels of rehabilitation were defined as follows:

(0 = **Not Applicable** (N/A), this indicator did not apply to patient's rehabilitation.)
1 = **No** improvement
2 = **Little** improvement
3 = **Moderate** improvement
4 = **Significant** improvement

Table 20 below shows the levels of rehabilitation (i.e. the levels of reduction or improvement) achieved by patients for each indicator. Since rehabilitation is an on-going process, the levels were designed to form a spectrum for each indicator, ranging from no reduction or improvement to significant reduction or improvement. The clinics were asked to look at whether an indicator was applicable to a patient at point of intake or at some time during the treatment year, most often attained through periodic treatment plan reviews. If applicable clinics were then to assign a level of improvement to each patient at the point they terminated from the clinic or, if they continued in treatment, as of December 31, 2004. Thus these are snapshots, of each patient's progress on the road to recovery.

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Table 20 – Patients Progress Toward Reduction or Improvement for Each Indicator, 2004

Rehabilitation indicators	Number of patients Per indicator	Rehabilitation level of reduction or improvement							
		1. (None)		2. (Little)		3. (Moderate)		4. (Significant)	
		#	%	#	%	#	%	#	%
1. **reduced use** of **prescription opiates**	**5,874**	861	14.7	870	14.8	1,348	**22.9**	2,795	**47.6**
2. reduced illegal use of **non-prescription opiates**	**8,555**	1,327	15.5	1,221	14.3	1,864	**21.8**	4,143	**48.4**
3. reduced illegal use of **drugs other than opiates**	**8,563**	2,001	23.4	1,636	19.1	1,919	**22.4**	3,007	**35.1**
4. reduced criminal behavior	**7,089**	1,565	22.1	1,361	19.2	1,673	**23.6**	2,490	**35.1**
5. reduced risky behavior related to **spread of infectious disease**	**6,180**	1,213	19.6	1,147	18.6	1,516	**24.5**	2,304	**37.3**
6. reduced abuse of alcohol	**3,830**	**943**	**24.6**	**757**	**19.8**	**967**	**25.2**	**1,163**	**30.4**
7. improved schooling or **training**	**6,823**	4,423	64.8	1,051	15.4	765	**11.2**	584	**8.6**
8. improved employment	**8,348**	3,227	38.7	1,729	20.7	1,802	**21.6**	1,590	**19.0**
9. improved family relationships	**9,023**	1,893	21.0	2,390	26.5	2,818	**31.2**	1,921	**21.3**

The first six indicators showed that there was a significant reduction for no less than 30.4% of the patients (Indicator #6) and for two indicators the rate was over 47% (Indicators # 2 and #1). When the moderate reduction rates are added to the significant rates, the range of levels jump from no less than 55.6% (Indicator #6) to highs of 70.5% (Indicator #1) and 70.2% (Indicator #2). As over two-thirds of the patients (6,658 patients or 71.57%) were in treatment continuously from their initial enrollment until December 31, 2004, it is reasonable to expect more patients to move through this spectrum from no reductions to significant reductions with a majority being at the higher two levels.

Indicators#7, #8, and #9 are long-term areas of rehabilitation. Improvements in training, schooling or employment, require planning, the successful execution of a plan and the realization of a plan's goals. This process may take weeks, months, or years. As such, the rates of improvement may be slower. However, the improved family relationships indicator (#9) has the highest percentage for moderate improvement (31.2%) of the last three indicators. When combined with the significant rate of improvement (21.3%) the resultant 52.5% is just a little less than the 55.6% low end of the range of rates for the first 6 indicators. There are only two public clinics that receive public funds to support this type of treatment and which are able to offer services on a sliding fee scale. This then allows patients with limited means to access this type of treatment. However, they only served 744 patients in 2004 (7.98%) of all enrolled patients which means that the private clinics served 92.02% of the patients who had to pay the entire cost of their treatment. They were able to do so because they were either employed or had other steady sources of income to allow them to afford treatment. And having sources of income to start with, means that it takes longer to achieve the higher levels of improvement in Indicator #8, "improved employment". This is shown by the percentage for no improvement (38.7%) and little improvement (20.7%) for a total of 59.4%. Because of the long term commitment and length of time to achieve, indicator #7, "improved schooling or training", has always been the indicator with the lowest percentage of improvement of these three. Because of the long term commitment and length of time to achieve, indicator #7, "improved schooling or training", has always been the indicator with the lowest percentage of improvement of these three.

VI. Number of Patients Addicted to Methadone

Methadone is a prescribed medication that is used in the **treatment** of heroin and other similar opiate addictions. Methadone has been used as a treatment for heroin addiction since the 1960s. It is an orally effective, long-acting, synthetic opioid agonist. It operates by "occupying" the brain receptor sites that are affected by heroin and blocks the craving attendant to addiction. Because of methadone's long duration of action before withdrawal begins (usually 24 to 36 hours, at a dosing level specific to each patient's needs), it is relatively easy to maintain addicts on methadone without abrupt side effects. Because of the stability that methadone affords the patients, it typically decreases other drug use (many heroin users are polydrug users) as well as the use of alcohol and involvement in illegal activity. Patients also increase work/education prospects or maintain their employment positions, thus retaining or increasing financial stability and improving family and other social relationships.

Another FDA approved agent was levo-alpha-acetylmethadol hydrochloride (LAAM) lasted even longer, up to three days.[4] However, unlike in past years, the number of patients on LAAM (levo-alpha-acetylmethadol hydrochloride) was eliminated, This was due to the FDA warning in the fall of 2001 as to a possible potential for cardiac electrical conduction disturbances being caused by LAAM. Eventually a recommendation of a twelve-lead ECG being performed prior to a patient receiving LAAM, with follow–up ECGs every 12-18 months; was issued. This plus the monitoring of additional concomitant pharmacological agents; and the increased costs associated with all of these, resulted in all treatment programs to no longer offer LAAM to their patients. Finally, because production of LAAM ceased during the summer of 2003 in 2004 treatment programs and patients no longer had access to this medication.

In order to determine "addiction to methadone" at the beginning of treatment, it requires programs to look at all the patients' initial drug screens to see if they tested positive for illegal use of methadone and to determine that they were not already in treatment somewhere else. Based in information supplied by treatment programs, this almost never happens. Therefore, the answer would be **zero percent of 9,303 patients in 2004**. These data from Indiana are in agreement with the national experience, which shows that only one, one thousandth of the methadone dispensed nationally was diverted to street use.

It should be noted here that there are other drug therapies in the "pipeline" for opioid addiction. Naloxone and naltrexone are medications that also block the effects of morphine, heroin, and other opiates. They have long-lasting effects ranging from 1 to 3 days, block the pleasurable effects of heroin and are useful in treating some highly motivated individuals. Another medication that came into use in 2004 was buprenorphine which is attractive because compared to other medications such as methadone, it causes weaker opiate effects and is less likely to cause overdose problems. It also produces a lower level of physical dependence, so patients who discontinue the medication generally have fewer withdrawal symptoms.[5] This medication is most useful as an alternative to methadone for patients at a very low level of addiction or those that are trying to withdraw from very low methadone doses and discontinue maintenance. However because the price of this new medication, about three times that of methadone, it used by only one patient at one Indiana clinic in 2004.

[4] OFFICE OF NATIONAL DRUG POLICY, POLICY PAPER, OPIOID AGONIST TREATMENT, March 1999

[5] National Institute on Drug Abuse, Research Report, NIH Publication Number 00-4165, Reprinted September 2000

VII. Number of Rehabilitated Patients No Longer on Opiate Agonist Medication (Methadone)

Six reasons for a patient to discontinue treatment, to no longer be on methadone, at a treatment program were established. These were defined as follows:

1. **Successfully** completed treatment and **voluntarily** detoxed.
2. **Did not** complete treatment and **involuntarily** detoxed (administrative detox).
3. **Did not** complete treatment and **voluntarily** detoxed.
4. **Did not** complete treatment and **was not** detoxed (dropped out).
5. **Transferred** to another treatment program.
6. **Death**, not methadone related.

To identify patients who "have been rehabilitated and are no longer on opiate agonist medication," two aggregated categories were identified: the first is a combination of Reasons 1 and 3 which can be called "Patients Who Are Rehabilitated and No Longer on Methadone (or Buprenorphine)," and the second is combining all three Reasons 1-3, which can be called "Patients No Longer on Methadone (or Buprenorphine)". Only these three reasons were a result of a patient undergoing a medically supervised dosage reduction (detox), coming completely off the medication and leaving treatment.

Combining Categories 1-3 resulted in identifying all the patients who, with medical supervision, were no longer on methadone or buprenorphine, since all of these patients discontinued use of opiate agonist medication. The reason for inclusion of Category 1 is self-explanatory in that the patients completed a treatment regimen, based on the mutual agreement of both the patient, counselor and the medical director, and who discontinued use of opiate agonist medication after a period of medically supervised withdrawal utilizing decreasing doses to alleviate adverse physiological and psychological effects which result from continuous or sustained use of an opiate drug[6]. Categories 2 and 3 are included because patients in both categories underwent medically supervised withdrawal and discontinued opiate agonist medication, Category 2 because of program non-compliance, and Category 3 at the patient's request before completing a recommended treatment regimen.

Also, it was assumed that the opioid treatment programs had the clinical knowledge and experience to define and determine who “successfully completed treatment” and to accurately report their findings. The patients who continued treatment (N/A category) as well as those that were in categories (4), dropped out, (5), transferred, and (6), died, did not fulfill the requirements of the parameters and were eliminated from further discussion. Therefore, only categories 1-3 will be shown in Table 21 and discussed below. This table, below shows the percentages between 1998 and 2003 and that the percentage of patients treated during calendar year 2004 who discontinued their opioid addiction treatment (Categories 1-3, were no longer on methadone or buprenorphine) increased from 4.15% to 4.34%.

Table 21 – Number and Percentage of Patients who discontinued use of medication, 1998 - 2004

Patients who came off of methadone during calendar years 1998 - 2004									
Year	**Total number of patients**	**Completed treatment and voluntarily withdrew (detoxed)**		**Involuntarily detoxed**		**Treatment not completed but voluntarily withdrew (detoxed)**		**Totals**	
		Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
1998	**3,704**	**58**	1.57	**97**	2.62	**48**	1.30	**203**	5.49
1999	**4,529**	**81**	1.79	**119**	2.63	**78**	1.72	**278**	6.14
2000	**5,482**	**66**	1.20	**87**	1.59	**73**	1.33	**226**	4.12
2001	**6,809**	**100**	1.47	**144**	2.11	**94**	1.38	**338**	4.96
2002	**8,144**	**118**	1.45	**153**	1.88	**64**	0.79	**335**	4.11
2003	**8,692**	**140**	1.61	**148**	1.70	**73**	0.84	**360**	4.15
2004	**9,303**	**123**	1.32	**180**	1.93	**101**	1.09	**404**	4.34
Avg.			1.49%		2.07%		1.21%		4.76%

[6] 21 CFR Part 291, Methadone Rule, Proposed Rules and Notice, March 2, 1989, Section 291.505 (a) (1)

VII. Number of Rehabilitated Patients No Longer on Opiate Agonist Medication (Methadone) Cont.

After initial percentages of about 5.5% and 6% these three combined categories of discontinuance have settled in the 4-5% range the last 5 years, increasing slightly each of the last three years after a high of 4.96% in 2001.

Patients Who Are Rehabilitated and No Longer on Methadone or Buprenorphine. Combining Categories 1 and 3 results in identification of all patients who successfully completed treatment and voluntarily detoxified and patients who did not complete treatment but who also were voluntarily detoxified from opiate agonist medication.

Category (1), is the only category that meets both the parameters of patients having successfully completed treatment and who are no longer on methadone (or buprenorphine). As shown above, **123 patients statewide** successfully completed treatment and voluntarily withdrew and were no longer on methadone (or buprenorphine). This is **1.3% of the total number of patients** enrolled in opioid treatment statewide in 2004.

Category (2), administrative detox, were those patients who did not complete treatment because they had problems with conduct, following/adhering to their treatment plans, or paying the fees to the treatment program. **180 patients (1.9%)** statewide fit this category in 2004 and were involuntarily detoxed and were no longer on methadone (or buprenorphine). At the time of leaving the clinic they were at very low dosages if not completely off of methadone.

Category (3), the voluntary detox in this category consists of those patients who decided to withdraw from methadone (or buprenorphine) use usually against the advice of the treatment program's medical/clinical director. This patient driven treatment decision and medication discontinuance decision resulted in **101 patients (1.1%) of all patients** who did not complete treatment but voluntarily withdrew and were no longer on methadone (or buprenorphine) during 2004.

Table 22 Comparison of Statewide Percentage of Discontinued Patients and Category, 1998 - 2005

Cat.	Reason for Discontinuance of Treatment	2004	2004	2003	2002	2001	*2000*	1999	*1998*
N/A (0)	Patient treatment was not discontinued by patient or by program.	**6,658**	**71.6%**	**67.5%**	65.7%	**68.9%**	*67.7%*	**66.3 %**	*65.5%*
1.	Patient **successfully** completed treatment and **voluntarily** detoxed	**123**	**1.3%**	**1.6%**	1.4%	**1.4%**	*1.2%*	**1.8%**	*1.6%*
2.	Patient **did not** complete treatment and **involuntarily** detoxed (administrative detox).	**180**	**1.9%**	**1.7%**	1.9%	**2.1%**	*1.6%*	**2.6%**	*2.6%*
3.	Patient **did not** complete treatment and **voluntarily** detoxed.	**101**	**1.1%**	**0.8%**	0.8%	**1.4%**	*1.3%*	**1.7%**	*1.3%*
4.	Patient **did not** complete treatment and **was not** detoxed (dropped out).	**1,946**	**20.9%**	**24.4%**	26.1%	**22.5%**	*22.9%*	**22.6 %**	*23.7%*
5.	Patient **transferred** to another treatment program.	**256**	**2.8%**	**3.2%**	3.6%	**3.2%**	*4.8%*	**4.1%**	*5.0%*
6.	Patient **death**, not methadone related	**39**	**0.4%**	**0.7%**	0.5%	**0.5%**	*0.5%*	**0.9%**	*0.3%*
	Totals	**9,303**	**100%**	**100%**	100%	**100%**	*100%*	**100%**	*100%*

Table 22 above shows that Category 1 plus Category 2 means 224 patients, or 2.4% of all patients treated fell into the category of "Patients Who Are Rehabilitated and No Longer on Methadone", and that Categories 1 through 3, when combined, equal 404 patients, or 4.3% of all patients fell into the category of "Patients Who Are No longer on Methadone or Buprenorphine" in 2004. Comparing the each of the two aggregated categories, a range of from 2.2% (2002) to 3.5% (1999) is seen in the former category, while a range of from 4.1% (2002) to 6.1% (1999) is seen on the latter category.

VII. Number of Rehabilitated Patients No Longer on Opiate Agonist Medication (Methadone) Cont.

Additionally Table 22 shows the number and percentages of the total 2004 patient enrollments represented by these six patient discontinuation categories statewide. Patients who remained in treatment are identified as not applicable (N/A). As can be seen, the largest percentages of 2004 discontinuations across the state fell into Category 4 (20.9%) of total enrollments, this being those who dropped out., with very small percentages (ranging from 0.4% (death) to 2.8% (transferred to another OTP) in the other two discontinuation categories.

Table 23 below shows the statewide distribution of patients in Categories 1-3 over the length of time in treatment at the point they were detoxified from opiate agonist medication. Comparisons with 2004 through 1998 have also been made in this table.

A general observation that can be made is that there has been a shift in each category for discontinuance to longer lengths of time in treatment. Since 1998 Categories 1 and 2 initially occurred most often during the periods of under 90 days and from 90 days to one year. Now they appear more frequently in the periods of 90 days to year, one to years and 2 to three years. Category three, patients who chose to establish their own detox and withdrawal schedule has remained about the same for those in treatment under 90 days, and decreased for those in treatment 90 days to one year, but substantially increased for those treated 1-2 and 3-6 years.

Table 23 – Statewide Distribution of Number and Percentage of Patients Over Lengths of Time in Treatment, Reason (1), (2) and (3)

Length of Time in treatment for Discontinued Patients: reasons (1), (2) and (3) Statewide for 1998 - 2004														
	<90 days		90 days – 1 yr.		1 – 2 yrs.		2 – 3 yrs.		3 –6 yrs.		6 – 10 yrs.		> 10 yrs.	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Category (1)														
2004	**9**	**7.32**	**23**	**18.70**	**43**	**34.96**	**18**	**14.63**	**24**	**19.51**	**5**	**4.07**	**1**	**0.81**
2003	13	9.29	39	27.86	43	30.71	25	17.86	17	12.14	3	2.14	0	0.0
2002	**12**	**10.17**	**36**	**30.51**	**25**	**21.19**	**14**	**11.86**	**19**	**16.10**	**8**	**6.78**	**4**	**3.39**
2001	12	13.19	26	28.57	28	30.77	11	12.09	13	14.29	1	1.09	0	0.0
2000	**4**	**6.06**	**16**	**24.24**	**18**	**27.27**	**7**	**10.61**	**16**	**24.24**	**3**	**4.55**	**2**	**3.03**
1999	11	13.58	31	38.27	18	22.22	7	8.64	11	13.58	2	2.47	1	1.24
1998	**10**	**17.24**	**27**	**46.55**	**9**	**15.51**	**2**	**3.48**	**9**	**15.51**	**0**	**0.0**	**1**	**1.71**
Category (2)														
2004	**24**	**13.33**	**56**	**31.11**	**42**	**23.33**	**20**	**11.11**	**28**	**15.56**	**6**	**3.33**	**4**	**2.22**
2003	25	16.89	60	40.54	34	22.97	13	8.78	11	7.43	4	2.70	1	0.68
2002	**31**	**20.26**	**62**	**40.52**	**35**	**22.88**	**14**	**9.15**	**10**	**6.55**	**1**	**0.65**	**0**	**0.0**
2001	36	25.00	49	34.04	26	18.05	14	9.72	16	11.11	3	2.08	0	0.0
2000	**15**	**17.24**	**45**	**51.72**	**14**	**16.09**	**7**	**10.08**	**6**	**6.90**	**0**	**0.0**	**0**	**0.0**
1999	22	18.49	50	42.02	19	15.97	12	10.08	10	8.40	5	4.20	1	0.84
1998	**15**	**15.46**	**51**	**52.58**	**14**	**14.44**	**8**	**8.25**	**5**	**5.15**	**3**	**3.09**	**1**	**1.03**
Category (3)														
2004	**19**	**18.81**	**31**	**30.69**	**21**	**20.79**	**12**	**11.88**	**15**	**14.85**	**3**	**2.97**	**0**	**0.00**
2003	13	17.81	26	35.62	18	24.66	6	8.22	7	9.59	1	1.37	2	2.74
2002	**12**	**18.75**	**23**	**35.94**	**14**	**21.88**	**8**	**12.50**	**6**	**9.38**	**1**	**1.56**	**0**	**0.0**
2001	24	25.53	37	39.36	15	15.96	11	11.70	5	5.32	2	2.13	0	0.0
2000	**7**	**9.59**	**42**	**57.53**	**11**	**15.07**	**8**	**10.96**	**3**	**4.11**	**2**	**2.74**	**0**	**0.0**
1999	16	20.51	35	44.87	16	20.51	3	3.85	7	8.98	0	0.0	1	1.28
1998	**9**	**18.75**	**25**	**52.08**	**6**	**12.50**	**6**	**12.50**	**2**	**4.17**	**0**	**0.0**	**0**	**0.0**

These apparent shifts in the times at which discontinuance in treatment occurs for Categories 1 and 3 seem to parallel the increase in the retention rate that has occurred over the years discussed in Section III of this report.

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VII. Number of Rehabilitated Patients No Longer on Opiate Agonist Medication (Methadone) Cont.

Table 24 below shows the number of discontinued patients in each category and the percentage they represent of the total enrollment per treatment program. In this table all patients who did not discontinue treatment at a program in 2004 were categorized as (N/A) not applicable. The table shows number of patients and percentage per treatment center and then compares statewide figures from 1998 through 2004.

Over the past seven years there have been small fluctuations in the various categories, but 2004 showed a larger than normal increase in the retention rate (4.1%) and a larger than normal decrease in the "drop out" rate (3.5%). Overall, the percentages for the various reasons for discontinuance have basically remained about the same even though the total number of patients treated per year has more than doubled, increasing by 5,599 (151.2%).

Table 24 – Number and Percentage of Each Treatment Program's Discontinued Patients and Category

PROGRAM NAMES	Reasons for discontinuance of treatment (based on total enrollment of 9,303).													
	N/A		1.		2.		3.		4.		5.		6.	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Center for Behavioral Health Indiana, Inc	334	65.0	15	2.9	3	0.6	7	1.4	148	28.8	4	0.8	3	0.6
Discovery House, Inc.	174	71.3	3	1.2	15	6.1	6	2.5	39	16.0	6	2.5	1	0.4
East Indiana Treatment Center, Inc.	1,951	67.6	33	1.1	32	1.1	35	1.2	777	26.9	51	1.8	8	0.3
Edgewater Systems For Balanced Living, Inc.**	205	61.9	4	1.2	37	11.2	3	0.9	68	20.5	9	2.7	5	1.5
Evansville Treatment Center, Inc.	406	69.4	7	1.2	9	1.5	3	0.5	144	24.6	13	2.2	3	0.5
H & H C of Marion Co., Ind., d/b/a Midtown CMHC**	274	66.3	12	2.9	31	7.5	13	3.1	54	13.1	26	6.3	3	0.7
Holliday Health Care, P.C.	3	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Indianapolis Treatment Center, Inc.	,135	97.8	1	0.1	2	0.2	0	0.0	21	1.8	1	0.1	0	0.0
Metro Treatment of Gary, LLP, d/b/a Semoran Treatment Center	269	60.7	12	2.7	2	0.5	6	1.4	114	25.7	38	8.6	2	0.5
Richmond Treatment Center, Inc.	489	67.9	12	1.7	12	1.7	12	1.7	163	22.6	26	3.6	6	0.8
Southern Indiana Treatment Center, Inc.	1,335	71.7	18	1.0	21	1.1	16	0.9	395	21.2	68	3.7	8	0.4
Victory Clinical Services II, L.L.C. d/b/a Victory Clinic	83	58.5	6	4.2	16	11.3	0	0.0	23	16.2	14	9.9	0	0.0
Total number of patients per category 2004	**6,658**		**123**		**180**		**101**		**1,946**		**256**		**39**	
Statewide Percentage of patients per category 2004		**71.6**		**1.3**		**1.9**		**1.1**		**20.9**		**2.8**		**0.4**
Statewide Percentage of patients per category 2003		67.5		1.6		1.7		0.8		24.4		3.2		0.7
Statewide Percentage of patients per category 2002		**65.7**		**1.4**		**1.9**		**0.8**		**26.1**		**3.6**		**0.5**
Statewide Percentage of patients per category 2001		68.9		1.4		2.1		1.4		22.5		3.2		0.5
Statewide Percentage of patients per category 2000		**66.7**		**1.2**		**1.6**		**1.3**		**22.9**		**4.7**		**0.5**
Statewide Percentage of patients per category 1999		66.2		1.8		2.6		1.7		22.6		4.1		0.9
Statewide Percentage of patients per category 1998		**65.5**		**1.6**		**2.6**		**1.3**		**23.7**		**5.0**		**0.3**

(****public clinics)**

VII. Number of Rehabilitated Patients No Longer on Opiate Agonist Medication (Methadone) Cont.

While this table is not directly related to the discussion of the three categories that determine the "rehabilitated patients no longer on methadone" it does provide the division and the treatment programs valuable information. An overview of all the discontinuances, by treatment program, and how they compare to previous years, may lead to spotting possible trends and gives the opportunity to evaluate each program in relation to the others and the annual rates.

One discontinuance reason not anticipated in 1998, which presented itself through the survey forms submitted, were patients who died (of causes not connected with opioid treatment). Less than 12 (0.3%) instances of this were found and in 1998 and they, at that time, ha d to be included in the data under reason (d), "did not complete treatment and was not detoxed (dropped out)". In 1999 a separate category was established for this event. There were 39 patients reported in 200 (0.4%) and previously we had reports of: 60 patients in 2003 (0.7%), 40 patients 2002 (0.5%), 36 (0.53%) patients in 2001, 29 (0.53%) patients in 2000 and 40 (0.88%) patients in this category in 1999. It is important to stress that in the period of 1998 through 2004 there were no patient deaths reported in Indiana that were connected to this form of opioid treatment.

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VIII. Number of Individuals on a Waiting List

None of the twelve opioid treatment programs indicated that they had any waiting list in 2004. Over the years the treatment programs added to their staffs when patient loads indicate need and they extend treatment to all patients who present themselves. Thus, no waiting lists have existed for the past seven years the report has been issued, and none are anticipated in the near future.

In the past whenever a large enough number of patients, from the same geographic area and travelling long distances, had enrolled in existing treatment programs, new treatment programs were established in that area. To demonstrate this we will focus on the three areas that contain the most recent programs to be established. The establishment of two Fort Wayne programs, one in Richmond and the one in Gary were a result of this type of activity. Though one of the Fort Wayne treatment programs closed in 2000 these increases continued in this area through 2004. The Richmond program, again, showed a small decline during the course of 2004. The 1999 establishment of the latest treatment program in Gary anticipated an increase in the number of enrolled patients there. Enrollment of patients in this area has more than doubled from the 1998 level of 465 to a patient count of 1,021 in 2004.

Table 25 – Total Patients Treated in Three Areas of Growth, 1998 - 2004

CY Year	Fort Wayne	Richmond	Gary
1998	175	298	465
1999	221	370	620
2000	282	451	706
2001	294	661	823
2002	380	761	998
2003	475	742	1,006
2004	**514**	**720**	**1,021**

The expansion of services in Fort Wayne seems to have had the following two results. The first was that services were made more accessible to those patients already in treatment, enabling them to more easily continue treatment, and it resulted in increased enrollments from that city as well as the surrounding area. Second, the establishment and operation of more than one treatment program in the same city and/or county led to competition between programs to provide quality services.

The competition factor was aptly illustrated in Fort Wayne, where the two programs opened within 3 months of each other in 1998. Though both operated for the balance of 1998 and all of 1999, by July 1, 2000, the Fort Wayne Treatment Center closed its doors. It appears that, at that time, even though enrollments increased that there were not enough patients to sustain the operation of two programs and that patient choice prompted the closure of one of the programs.

The lack of a waiting list at any of the clinics should not be interpreted that the need for treatment has been met and that there is no further need for additional clinics. This is made apparent by the fact that over the last seven years enrollment in treatment programs has more than doubled. It has continuously risen from 3,704 in 1998 to 9,303 in 2004, an increase of 5,599 patients, which translates into a 151.2% increase in enrollments. With the onset of a legislative moratorium on any new clinics being established in Indiana, however, three problems have emerged: (1) access to treatment has been limited to that in existing clinics; (2) there is a lack of competition to provide quality services in the areas where only one clinic exists but where the number of enrollments could easily support two or more clinics; and, consequently, (3) the rise of mega-clinics, those whose enrollment of patients are not in the hundreds but in the thousands. The impact of these will necessitate study in the near future.

IX. Patient Information as Reported to a Central Registry

In 1999 the Division of Mental Health and Addiction (DMHA) was given the responsibility of requesting that patient information be reported by the opioid treatment programs that would be the foundation of this and previous reports. Furthermore, the Division was asked to establish a central registry to receive patient information from the treatment programs and that the information provided would not reveal the specific identity of a patient.

It was decided that the unique identifier format in an existing database, used by all the Managed Care Providers in the state, would be suitable for this purpose. This accomplished three things: (1) It enabled treatment centers to maintain their patient's anonymity. (2) It provided a format that was compatible to that currently existing in the agencies of the two public treatment programs and within the Division itself. (3) Finally, it enabled the Division to identify easily if there were any multiple admissions, a patient being treated by more than one treatment program at the same time within the state.

Once the unique identifier was defined a patient information form was designed that would be the basis for not only providing the information required for this report but could also easily be adapted to providing on-going patient enrollment information to a central registry.

All patients enrolled in an opioid treatment program during calendar years 1998 through 2004 were assigned unique identifiers. Using them, information was submitted by each treatment program, and now these have been the basis for an ongoing annual central registry maintained by the Division.

For the 1998 report, each treatment program reported information by filling out each Patient Information Form by hand. For the 1999 report, the Division streamlined this process by starting to automate the reporting process. Eight out of thirteen treatment programs had, at that time, the requisite data processing programs. These treatment programs were supplied discs containing electronic forms. When filled out, the discs were sent to the DMHA and were then transferred into our database. This enabled each treatment program to have an internal, electronic copy of its database. This electronic reporting process was expanded, until nine (9) programs reported electronically in 2003 which meant information could easily be updated by those programs and be submitted following the previous year's end. As the remaining treatment programs acquired the data processing program, this electronic reporting process was extended to them and all have now filed the annual information electronically.

Long range planning was started in 2003, to eventually make this registry a secure, on-line process so that a central registry would be updated continuously and would be current to within about 72 hours. This would provide three advantages:

1. Programs within Indiana would have one point of contact to determine if any patient is enrolled in other clinic within the state at any time.
2. Programs from out of state and another state's central registry, or methadone authority, could request a search for their patients' possible "dual enrollment, that is enrollment in a program in their state as well as enrollment in Indiana, on a real-time basis.
3. Plans are to design the on-line system in such a way that it can be accessed shortly after the end of a calendar year and that the information extracted then becomes the data basis for Indiana's annual report.

Late in 2004 actual planning meetings were held on a regular basis in order to make this on-line central registry a reality. Plans were to have something in place as soon a possible. Completion of this project was not realized by the end of 2004. In the meantime, a central registry continues to be maintained by the Division on an annual basis. Because of the Federal confidentiality requirements of 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, all reported patient identifying information is confidential. Any person or other entity wanting to do research based upon information contained in this registry may only obtain access through a qualified service agreement with the Division.